Registered for Transmission Abroad

No. 94. New Series] [April 15, 1883

R
31
L86
v.11
no.94

The London Medical Record

Biological
& Medical
Serials

MAR 1 1934

A MONTHLY REVIEW OF THE

Progress of the Medical Sciences and of Subjects relating to Public Health

FOR CONTENTS SEE PAGE XIII

LONDON
SMITH, ELDER, & CO., 15 WATERLOO PLACE

Price One Shilling and Sixpence

ALBISSIMA PAINT.

The only Award of Merit for Paint at the International Medical and Sanitary Exhibition, 1881; and Silver Medal at the Sanitary Exhibition, Brighton.

TRADE MARK.

'Empress of paints.'—*Architect.*

NON-POISONOUS.
INODOROUS.
UNCHANGEABLE.

(*Paris Medal*, 1878.)

SAVING OF OVER 30 PER CENT.

Supplied the same consistency as White Lead, in ½ and 1 cwt. Iron Kegs.

UNSURPASSED FOR INTERIOR DECORATIONS.

Also in all colours ready for use, in 1 and 2 lb. Tins, ½ and 1 Gallon Cans.

SAMPLES, PARTICULARS, AND TESTIMONIALS MAY BE HAD OF

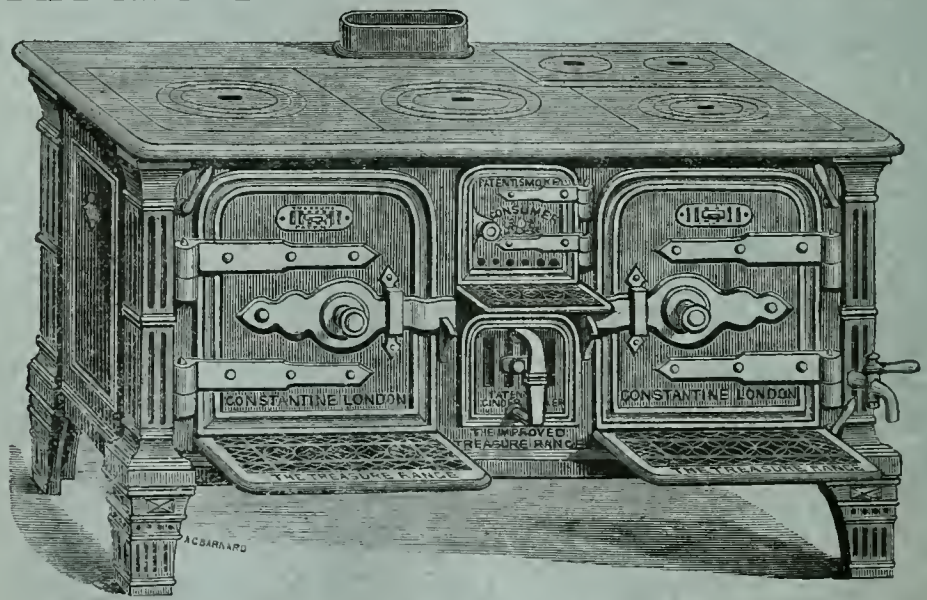
THE ALBISSIMA PAINT COMPANY, Limited,

34 LIME STREET, LONDON, E.C., AND MANCHESTER STREET, LIVERPOOL.

75 PER CENT. LESS FUEL BURNT,

AND PERFECTION AND ECONOMY IN COOKERY BY USING THE

PATENT TREASURE COOKING RANGE.



The First Prize was awarded to the Patentee, after nearly One Thousand Tests of a variety of Ranges, for Best Smoke-Preventing and Coal-Burning, by the Smoke Abatement Exhibition Ladies' Committee, South Kensington (vide *Times*, July 18th and 19th, 1882). Also the Grand Prize by the Exhibition—First Silver Medal.

Unsurpassed for Durability. May be placed anywhere. Cheapest Coal most suitable. Illustrated Price Books Post Free.

T. J. CONSTANTINE, 61 Fleet Street, E.C.

THE VERDICT.

The Lancet reports of the Kepler Extract of Malt: "*The best known*, and *in this country the largest used Extract of Malt.* It is as distinct an advance in therapeutics as was the introduction of cod-liver oil. It is one of our best remedies for atonic dyspepsia, and is undoubtedly useful in consumption and other wasting diseases."

Professor Yandall, M.D., of Louisville, U.S.A., reports of it:—"The Kepler Extract of Malt is the best, and has the finest flavour of any I have seen; it is a very valuable preparation."

"The Medical Times and Gazette," says of it:—"The Kepler Extract of Malt is deserving special commendation. It is, we venture to say, by far the best we have seen. *The one most widely known and most largely used in this country.*"

"The Medical Press and Circular" in reporting upon the subject says:—"The Kepler Extract of Malt is reliable, and is manufactured in such a careful manner as to ensure the preservation of its valuable constituents. It is very delicious to the taste, and has been found by analysis to be exceedingly rich in diastase, and consequently is a valuable digestive agent.

The Kepler Malt, combined with Cod Liver Oil, is the most palatable and easily digested of any form we have yet seen for administering Cod Liver Oil."

Burroughs, Wellcome & Co., Manufacturing Chemists, 7, Snow Hill, London, E.C.

DENTISTRY.

MR. G. H. JONES, Dentist, 57 Great Russell Street,
Opposite the British Museum, London, W.C.,
Offers Special Fees to Members of the Medical Profession.
Gold Medal 1882, and Highest Diploma of Merit.
PAMPHLET POST FREE.

WORKS BY DR. DOBELL,

Consulting Physician (late Senior Physician) to the Royal Hospital for Diseases of the Chest. &c.

On Loss of Weight, Blood-Spitting, and LUNG DISEASE. To which is now added Part VI., on the FUNCTIONS and DISORDERS of the LIVER, and their Management in accordance with the Results of Modern Discovery. Second Edition. Coloured Plates.

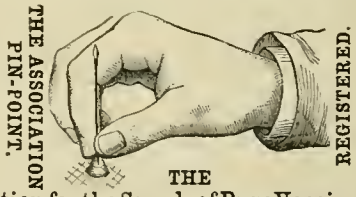
Affections of the Heart and in its Neigh- BOURHOOD. Cases, Aphorisms, and Commentaries. Illustrated. Second Issue.

On Winter Cough, Catarrh, Bronchitis, EMPHYSEMA, ASTHMA. Coloured Plates. Third Edition, with Notes on Climate.

On Diet and Regimen in Sickness and HEALTH, and on the Interdependence and Prevention of Diseases, and the Diminution of their Fatality. Seventh Edition. Enlarged.

Report on the Use of Pancreatic Emulsion and PANCREATINE, as first introduced into Medical Practice by Dr. Dobell in 1863.

A Descriptive Catalogue of Dr. Dobell's Works, with Prices, Lists of Illustrations, Opinions of the Press, and the Table of Contents of each Volume, on application at LEWIS'S LIBRARY, 136 Gower Street, London, W.C.



THE
Association for the Supply of Pure Vaccine Lymph
HEMMING'S ROW, ST. MARTIN'S LANE, LONDON, W.C.
SOLE AGENTS FOR
DR. WARLOMONT'S CALF VACCINE.
(A new Patented Preparation.)

From a case of spontaneous cow-pox discovered Nov. 17th, 1881. It is most reliable, and retains its vitality for a considerable time.

Tubes, 2*s.* each; Half-Tubes, 1*s.* each. Pomade in vials, 5*s.*, 10*s.*, and 20*s.* each. Fresh always on hand. Circular on application.

HUMAN VACCINE.—Three Tubes, two-thirds full, 5*s.*; Tubes one-third full and Lancet charged Points, 1*s.* each; Pin-points, 1*s.* 1*d.* each. Eighteen charged Small Points, 5*s.*

Pin-points, uncharged, 1s. per dozen.

P.O.O.'s (including postage, and crossed London and Westminster Bank), with orders, payable to EDWARD DARKE, Secretary

PENINSULAR & ORIENTAL S. N. COMPANY.

Under CONTRACT for HER MAJESTY'S MAILS to INDIA, CHINA, and AUSTRALIA, &c.

REDUCED RATES OF PASSAGE MONEY.
SPECIAL RETURN TICKETS.

Departures (Fortnightly) for—

CALCUTTA, MADRAS, and CEYLON CHINA, STRAITS, JAPAN	From Gravesend, Wednesday, 12.30 P.M. From Brindisi, Monday.
ADELAIDE, MELBOURNE, SYDNEY	From Gravesend, Thursday, 12.30 P.M. From Brindisi, Monday.
GIBRALTAR, MALTA, EGYPT, ADEN, BOMBAY	Every Wednesday.

LONDON OFFICES:
122 LEADENHALL STREET, E.C.; and
25 COCKSPUR STREET.

PULLNA BITTERWATER (Bohemia's Treasure).
The oldest and most valuable spring. The most salutary Aperient (never debilitating). **Anton ULBRICH.**

MR. OAKLEY COLES' WORKS.

Now ready, Third Edition, demy 8vo., 12*s.* 6*d.*

Deformities of the Mouth, their Mechanical Treatment. With an Appendix of Illustrative Cases. London: CHURCHILL.

OPINIONS OF THE PRESS on the 1st and 2nd Editions.

Lancet, Nov. 28, 1868.—'The work is full of useful information. ....of every day utility to the practitioner.'

Lancet, July 16, 1870.—'The Second Edition of this work shows that the author has continued to devote himself with zeal to the investigation and treatment of a very interesting class of cases. We recommend the work to the study of both Surgeons and Dentists.'

British Journal of Dental Science, August 1870.—'The Second Edition bears upon its pages the most satisfactory evidence of the industry and zeal with which he has followed up the study and practice of the speciality he has devoted himself to with so much success..... Altogether we must heartily congratulate Mr. Coles on this creditable completion of a work which cannot but redound to his credit wherever it is known.'

A Manual of Dental Mechanics
With 150 Illustrations. CHURCHILL.

American Dental Register, Nov. 1874.—'The work we regard as a very valuable one for the student, and, indeed, for the practitioner. It should be in every Dentist's library.'

Notes for Dental Students. 2*s.* 6*d.*
BUTCHER, 4 Crane Court, Fleet Street.

OPINIONS OF THE PRESS.

British Journal of Dental Science. August 1876.—'We cordially welcome this useful little book.....Of great value to those preparing for the Dental Diploma.....We hope there will soon be a second edition needed.'

The Doctor, September 1876.—'Carefully arranged and very complete. Indeed, they seem to try to take in rather more than sufficient for Dental Students.....We have no other fault to find with this notebook, which appears a model of what such a work should be.'

The Mouth and Teeth during Pregnancy.
Reprinted, by permission, from the Transactions of the Odontological Society. Pp. 31. Price 1*s.* 6*d.* London: WYMAN & SONS, Great Queen Street.

OPINIONS OF THE PRESS.

The British Medical Journal.—'The author has evidently paid considerable attention to the subject, and gives many useful hints as to the management and relief of the distressing toothache and neuralgia complicating pregnancy.....The remarks on treatment are practical, and will repay perusal.....The Practitioner will do well to carry out the suggestions offered by the author.'

BEDROOM VENTILATION.
WARM AIR!
A continuous and fresh supply of warm, pure air by gas or paraffin.
LAWSON TAIT'S THERMIC VENTILATOR.
MANUFACTURERS:
RICHARD H. TAUNTON AND HAYWARD,
HENEAGE STREET, BIRMINGHAM
Also MAKERS of all kinds of Iron TUBES and FITTINGS.

'ABSOLUTELY PURE.'—See Analysis.
Sent post free on application.

REGISTERED.

ELLIS'S RUTHIN WATERS.

ESTABLISHED 1825.

'CRYSTAL SPRINGS.' Renowned for their purity for HALF-A-CENTURY. Situated on the premises, and exclusively the private property of the Firm.

Soda, Potass, Seltzer, Lemonade, Aromatic Ginger Ale for Gout; Lithia Water, and Lithia and Potass Water. Corks branded—'R. ELLIS & SON, RUTHIN,' and every Label is registered, and bears their Name and Trade Mark.

SOLD EVERYWHERE AND WHOLESALE OF
R. ELLIS & SON, Ruthin, North Wales,
Manufacturers to the Royal Family.
London Agents: W. BEST & SONS, Henrietta Street, Cavendish Square.

CAUTION.—Beware of Spurious imitations, and insist on having ELLIS'S RUTHIN MINERAL WATERS.

SOLE ADDRESS—R. ELLIS & SON, RUTHIN, NORTH WALES.

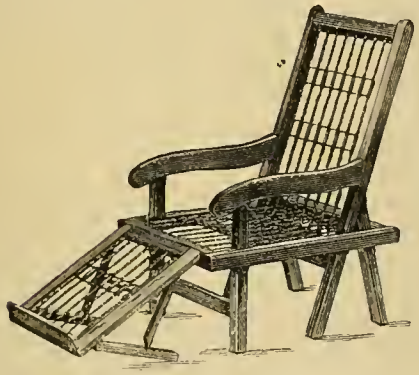
THE

'EXCELSIOR' PATENT SPRING MATTRESS

Patronised by Royalty; the Nobility; the Medical Profession.

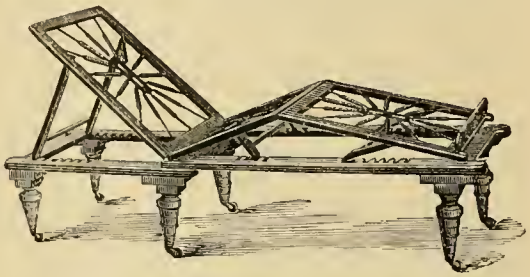
Awards:—Five Prize Medals; Seven Certificates of Merit.

THE 'EXCELSIOR' INVALID CHAIR.



With Movable Back, and with or without adjustable leg support. The Leg-Rest when detached forms an admirable Bed-Rest.

THE 'MATLOCK' INVALID COUCH.



Reducible from 6 ft. 9 in. to 4 ft. 3 in. Also made in one length, not reducible.

Made in Mahogany, Oak, Pitch-Pine, and Imitation Ebony.

The 'Excelsior' Patent Spring Mattress. THE 'EXCELSIOR' BED-REST.

The 'Excelsior' Invalid Bed THE 'MATLOCK' BED-REST.

Illustrated Descriptive Circulars and Price Lists from

CHORLTON & DUGDALE, Manchester.

INDEX TO ADVERTISEMENTS.

For Contents of this Number see page xiii.

Abdominal Belts—Salmon's 8
Asylums (Private) Dr. Dickson, Wye House . . . 7
Dr. Harmer 8
Books—Dobell's Works 2
Hart, Truth about Vaccination 17
H. K. Lewis's List 16
Oakley Coles's Works 2
Smith, E. Noble, Descriptive Atlas of Anatomy . . 16
Smith, Elder, and Co.'s List . . . . . 4 and 5
The Sanitary Record 11
Carriages—Hand Tricycle for Lame Persons . . . 14
Clinique on Diseases of the Skin—Prof. McCall Anderson 16
Cooking Stoves—Constantine . . . . Cover 2
Dentistry—Mr. G. H. Jones 2
Dietetic Preparations—Fry's Cocoa Extract . . . 7
Liebig Company's Extract of Meat . . . 9
Mellin's Food for Infants and Invalids . . . Suppt. 4
Mitchell and Muil's Charcoal Biscuits 7
Savory and Moore's Specialities 12
Filter—Spongy Iron 14
Mattress (Patent)—Chorlton and Dugdale . . . 3
Mineral Waters—Apollinaris . . . . Cover 3
Ellis's Ruthin Waters 2
Hunyadi János . . . . . Cover 4
La Bourboule 10
Pullna Bitterwater 2
National Health Society Exhibition . . . 18
Paint—Albissima . . . . . Cover 2
Paper Hangings, free from Arsenic—Wm. Woollams & Co. 16
Patent Boots—The Alupikos 15
Peninsular & Oriental Steam Navigation Co. . . . 2
Pharmaceutical Preparations — Fellows' Hypophosphites 15
Burroughs, Wellcome, & Co. 1
Hewlett's Liq. Ergotæ Purif. 10
Maltine Preparations . . . . Suppt. 1 and 2
Slade's Anti-asthmatic Cigarettes 7
Symes and Co.'s Lac Bismuthi 6
Umney's Fluid Extract of Cinchona 14
Wilson's Lin. Plumbi Lactatis Co. 6
Wright's Liquor Carbonis Detergens 14
Wyleys' Chinoquinine 10
Young and Postans 7
Sanitary Appliances—Raimes's Universal Deodoriser . 10
Rimmel's Aromatic Ozonizer 15
Surgical Apparatus—P. Bourjeaurd 6
Brady and Martin, Newcastle 8
Dalton's Self-adjusting Invalid Bedstead . . . 11
Ferris and Co.'s Maximum Thermometer . . . 12
Harvey and Reynolds' Clinical Thermometers, &c. . . 8
Invalid Bed Table 8
Lawley, Walter 7
Translations—The A B C Translations Bureau . . 6
Vaccine Lymph—Dr. Warlomont's 2
Ventilators—Lawson Tait's Thermic Ventilator . . 2
Whisky—Kinahan's 7
Wines—Aastralian Wine Company 9
Cadiz Wine Company 10
Max Greger's Hungarian Wines . . . Suppt. 4
Nichols & Co.'s Italian Wines 11
Saumur Champagnes . . . . . Suppt. 3

SMITH, ELDER, & CO.'S PUBLICATIONS.

Demy 8vo., Price 21*s.*

A MANUAL OF PATHOLOGICAL HISTOLOGY,

By CORNIL and RANVIER.

(Translated by authority from the New and Rewritten French Edition, with the original Illustrations.)

Histology of the Tissues.

'An admirable exposition of all that is known respecting the morbid histology of the tissues and organs of the human body. . . . We should be glad to see it in the hands of all medical students, and of all those who wish to keep themselves informed of the present state of pathology.'—*London Medical Record.*

'There can be no doubt that this manual is by a very long way the best in the English language, and we can heartily recommend it as a text-book.'—*Birmingham Medical Review.*

'We may safely recommend the work as the foremost text-book of its class, and we are certain that it will now be widely studied by many to whom the original was a closed book.'—*Lancet.*

'Of the translation we can speak in terms of the highest praise. It is faithful and accurate, and at the same time it is graceful, readable English. Some changes in the arrangement of the paragraphs have been made, and several valuable notes have been added to the text. The volume is also enriched by a copious index.'—*Dublin Journal of Medical Science.*

'We can heartily recommend the book to all who are interested in the study of Pathological Histology.'—*Glasgow Medical Journal.*

Royal 4to., with 48 Coloured Plates, bound in half-leather, price 4*l.* 4*s.*; or in 13 Parts, price 6*s.* each.

ATLAS OF HISTOLOGY.

By E. KLEIN, M.D., F.R.S.,

Lecturer on Histology at St. Bartholomew's Hospital Medical School, and

E. NOBLE SMITH, F.R.C.S. Edin. &c.,

Formerly Senior-Surgeon to St. Mary's Hospital, and Resident Medical Officer to the Children's Hospital at Bristol and the Lock Hospital, London.

A complete representation of the Microscopic Structure of Simple and Compound Tissues of Man and the Higher Animals in carefully-executed coloured engraving, with Explanatory Text of the figures, and a concise account of the hitherto ascertained facts in Histology.

'This admirably executed Atlas has throughout maintained the high promise with which it started, and fulfils all that could be expected from the joint work of our best histologist and the most accomplished of British medical draughtsmen. The illustrations of the last two parts, especially devoted to the display and brief description of the intimate structure of the nervous centres and nerve ganglia, are admirable for the perfection and beauty of the sections and the choice of specimens, as they are for the delicate skill and intimate knowledge of the draughtsman. The text is only too short, for it is full of accurate, recent, and lucid information. It is long since any work of more entirely satisfactory conception and execution has issued from the English medical press. This is very high praise; but the rare merits of this standard production deserve no less.'—*British Medical Journal.*

'We are much pleased with these plates. They give very faithful delineations of the objects described in the text, and they are not overcharged. They should be on the table of every practitioner who desires to make himself familiar with the progress of Histology.'—*Lancet.*

'This is the most handsome and best work on the subject which has yet appeared in this country. . . . The illustrations are excellent, and do great credit to the skill and accuracy of the authors, and to the artistic powers of Mr. E. Noble Smith, by whom they were drawn and executed. The text is clear without needless verbosity, and comprises, besides the explanations of the illustrations themselves, a good deal of other matter, and, indeed, forms an excellent treatise on Histology.'—*Journal of Anatomy and Physiology.*

Demy 8vo., 16*s.*

ELEMENTS OF HUMAN PHYSIOLOGY.

By Dr. L. HERMANN,

Professor of Physiology in the University of Zurich.

Second Edition. Entirely recast from the Sixth German Edition, with very copious additions and many additional Woodcuts,

By ARTHUR GAMGEE, M.D., F.R.S.,

Brackenbury Professor of Physiology in Owens College, Manchester, and Examiner in Physiology in University of Edinburgh.

'A storehouse of condensed information admirably arranged.'—*Academy.*

'An addition to English scientific literature of no small value. The work is one in every way worthy of its reputation. Comprehensive in its scope, it includes the by-paths as well as the highways of the science.'—*Lancet.*

With 145 Illustrations, 8vo., 21*s.*

ANTISEPTIC SURGERY:

ITS PRINCIPLES, PRACTICE, HISTORY, AND RESULTS.

By W. WATSON CHEYNE, M.B., F.R.C.S.,

Assistant Surgeon to King's College Hospital, and Demonstrator of Surgical Pathology in King's College.

'Mr. Watson Cheyne has presented surgeons with a complete text-book on the antiseptic method of treating wounds. . . . . The volume is bulky, but the matter it contains has been well digested, and the book can be confidently recommended as an authoritative reference.'—*London Medical Record.*

'In the volume before us Mr. Cheyne has made a very valuable addition to surgical literature. The intimate professional relations of Mr. Cheyne with Professor Lister give a special importance and value to this work; for while Mr. Lister's results and views have hitherto been published only fragmentarily in journals and transactions of learned societies, Mr. Cheyne's book affords a trustworthy and complete statement of them.'—*Lancet.*

Crown 8vo., 10*s.* 6*d.*

AN INDEX OF SURGERY.

Being a Concise Classification of the Main Facts and Theories of Surgery, for the Use of Senior Students and others.

By C. B. KEETLEY, F.R.C.S.,

Senior Assistant to the West London Hospital, Surgeon to the Surgical Aid Society.

'Will prove truly valuable, and will, we trust, for many years be kept up to the imperious demands of surgical progress. The system of arrangement is just what the system in such a publication should ever be, purely alphabetical, and the text is written in as elegant and intelligible English as can be expected in condensations and abridgements.'—*British Medical Journal.*

'Mr. Keetley's work fills a gap that has long existed in the educational literature of surgery. Previous attempts have been made to produce a book of the same character, but, compared with the "Index," they have all been crude and ineffectual. We heartily congratulate Mr. Keetley on his performance, and as heartily thank him for conferring a real boon on medical students by this much needed and excellently executed aid to the study of surgery.'—*Medical News.*

London: SMITH, ELDER, & CO., 15 Waterloo Place.

SMITH, ELDER, & CO.'S PUBLICATIONS.

In the Press.

A SYSTEM OF OBSTETRIC MEDICINE & SURGERY.

THEORETICAL AND CLINICAL, FOR THE STUDENT AND THE PRACTITIONER.

By ROBERT BARNES, M.D., and FANCOURT BARNES, M.D.

The Section on Embryology contributed by Professor MILNES MARSHALL.

Demonstrations of Anatomy: being a Guide to the Knowledge of the Human Body by Dissection. By GEORGE VINER ELLIS, Emeritus Professor of University College, London. Ninth Edition, revised. With 248 Engravings on Wood. Small 8vo., 12*s.* 6*d.*

The Descriptive Atlas of Anatomy: a Re- presentation of the Anatomy of the Human Body. In 92 royal 4to. Plates, containing 550 Illustrations. Introducing Heitzmann's Figures considerably modified, and with many original Drawings from Nature. By E. NOBLE SMITH, F.R.C.S. Edin. Bound in half-leather, 25*s.*

Human Morphology: a Treatise on Prac- tical and Applied Anatomy. By HENRY ALBERT REEVES, F.R.C.S.E., formerly Demonstrator of Anatomy at the London and at the Middlesex Hospital Medical Colleges, and Lecturer on Anatomy at the London School of Medicine for Women; Surgeon, and formerly Pathologist, to the Hospital for Women; Surgeon to the Royal Orthopædic Hospital; Surgeon to the East London Children's Hospital; Assistant Surgeon and Teacher of Practical Surgery at the London Hospital; Consulting Surgeon at the Westminster General Dispensary; formerly Assistant Surgeon to the Central London Ophthalmic Hospital; and Surgeon in co-charge of the Aural Department and Surgical Registrar at the London Hospital, &c. Now ready, with 564 Illustrations, 8vo., price 25*s.*

Volume I.—Contents: THE LIMBS AND THE PERINÆUM.

A Course of Practical Histology. By EDWARD ALBERT SCHAFER, Assistant Professor of Physiology, University College. With numerous Illustrations. Crown 8vo., 10*s.* 6*d.*

A Text-book of Practical Histology. With 30 Outline Plates, 1 Coloured Plate, and 27 Wood Engravings. By WILLIAM STIRLING, M.D., Sc.D., F.R.S.E., Regius Professor of the Institutes of Medicine in the University of Aberdeen. Demy 4to., price 14*s.*

A Treatise on the Science and Practice of Midwifery. By W. S. PLAYFAIR, M.D., F.R.C.P., Physician-Accoucheur to H.I. and R.H. the Duchess of Edinburgh; Professor of Obstetric Medicine in King's College; Physician for the Diseases of Women and Children to King's College Hospital; Consulting Physician to the General Lying-in Hospital and to the Evelina Hospital for Children; late President of the Obstetrical Society of London; Examiner in Midwifery to the University of London and to the Royal College of Physicians. Fourth Edition, 2 vols. demy 8vo., with 166 Illustrations, 28*s.*

Diseases of Women; including their Pa- thology, Causation, Symptoms, Diagnosis, and Treatment. A Manual for Students and Practitioners. By ARTHUR W. EDIS, M.D. Lond., F.R.C.P. Second Edition, thoroughly revised, with numerous Illustrations, demy 8vo., 12*s.* 6*d.*

A Manual of Midwifery for Midwives. By FANCOURT BARNES, M.D., Aber., M.R.C.P., Lond., Physician to the Royal Maternity Charity; Physician to the British Lying-in Hospital; Assistant Obstetric Physician to the Great Northern Hospital; Physician to the Chelsea Hospital for Women. Crown 8vo., with numerous Illustrations, 6*s.*

Surgery: its Principles and Practice. By TIMOTHY HOLMES, M.A. Cantab., F.R.C.S., Surgeon to St. George's Hospital. Third Edition, with upwards of 400 Illustrations, royal 8vo., 30*s.*

The Essentials of Bandaging; for Manag- ing Fractures and Dislocations; for Administering Ether and Chloroform; and for Using other Surgical Apparatus. With 134 engravings. By BERKELEY HILL, M.B. Lond., F.R.C.S., Professor of Clinical Surgery in University College; Surgeon to University College Hospital and to the Lock Hospital. Fifth Edition, revised, fcap. 8vo., 5*s.*

Syphilis and Local Contagious Disorders. Second Edition, entirely rewritten. By BERKELEY HILL, M.D. Lond., F.R.C.S., Professor of Clinical Surgery in University College, Surgeon to University College Hospital and to the Lock Hospital; and ARTHUR COOPER, L.R.C.P., M.R.C.S., late House-Surgeon to the Lock Hospital, &c. Royal 8vo., 18*s.*

The Student's Manual of Venereal Diseases Being a Concise Description of those Affections and of their Treatment. By BERKELEY HILL, M.D., Lond., Professor of Clinical Surgery in University College, London; Surgeon to University College and to the Lock Hospitals; and by ARTHUR COOPER, late House Surgeon to the Lock Hospital. Second Edition. Post 8vo., 2*s.* 6*d.*

A Manual of Dental Surgery and Patho- logy. By ALFRED COLEMAN, L.R.C.P., F.R.C.S. Exam., L.D.S., &c., Senior Dental Surgeon and Lecturer on Dental Surgery to St. Bartholomew's and the Dental Hospital of London; Member of Board of Examiners in Dental Surgery, Royal College of Surgeons; late President Odontological Society of Great Britain. With 388 Illustrations, crown 8vo., 12*s.* 6*d.*

A Treatise on the Theory and Practice of MEDICINE. By JOHN SYER BRISTOWE, M.D., Lond., F.R.S., Fellow and formerly Censor of the Royal College of Physicians; Senior Physician to, and Joint Lecturer on Medicine at, St. Thomas's Hospital; President of the Society of Medical Officers of Health; Examiner in Medicine to the Royal College of Surgeons; formerly Examiner in Medicine to the University of London, and Lecturer on General Pathology and on Physiology at St. Thomas's Hospital. Fourth Edition, 8vo., price 21*s.*

Clinical Manual for the Study of Medical Cases. Edited by JAMES FINLAYSON, M.D., Physician and Lecturer on Clinical Medicine in the Glasgow Western Infirmary, &c. With Special Chapters by Professor GAIRDNER on the Physiognomy of Disease; Professor STEPHENSON on Disorders of the Female Organs; Dr. ALEXANDER ROBERTSON on Insanity; Dr. SAMSON GEMMELL on Physical Diagnosis; Dr. JOSEPH COATES on Laryngoscopy, and also on the Method of Performing Post-mortem Examinations. Crown 8vo., with numerous Illustrations, 12*s.* 6*d.*

Auscultation and Percussion, together with the other Methods of Physical Examination of the Chest. By SAMUEL GEE, M.D. Fourth Edition, with Illustrations, fcap. 8vo., 6*s.*

London: SMITH, ELDER, & CO., 15 Waterloo Place.

WILSON'S LIN. PLUMBI LACTATIS CO.

The essential constituents and properties are printed on the label of each bottle sent out.

Wholesale London Agents:—JACKS & CO., Chemists, 161 Gower Street, W.C.

Report from **CHARLES A. CAMERON**, M.D., F.R.C.S.I., Professor of Chemistry and Hygiene in the Royal College of Surgeons, Ireland; Medical Officer of Health and Analyst for Dublin; Analyst to the Royal Agricultural Society, &c.:—'Royal College of Surgeons, Dublin, July 30th, 1880.—I have examined a specimen of LIN. PLUMBI LACTATIS CO., submitted to me for that purpose by Mr. JOHN P. WILSON, Chemist, of Reading, and the following are the results at which I arrived:—I consider it an excellent application to the Skin when affected with such cutaneous affections as Eczema, Prurigo, Impetigo, &c., as well as for inflammation arising from Scalds, &c. From the composition of this preparation I am satisfied that its use will be attended with decided benefit, and I can confidently recommend it to the notice of Medical Practitioners.'

From **JAS. STARTIN**, Esq., M.B. Camb., M.R.C.S., &c., Surgeon to St. John's Hospital for Skin Diseases, London:—'I have prescribed your LIN. PLUMBI LACTATIS both in private and in Hospital practice, and find it a capital remedy in all cases of Eczema, Prurigo, in Gouty and Rheumatic Eczema especially, and Impetigo of children.'

From **W. JOHNSON SMITH**, Esq., F.R.C.S., Senior Surgeon to the Seamen's Hospital, Greenwich:—'During the past twelve months WILSON'S LIN. PLUMBI LACTATIS has been extensively used in this hospital with very satisfactory results both in cases of skin disease, and those of severe injury by burning.'

ODED LOWSLEY, Esq., M.R.C.S., L.S.A., Surgeon to Reading Dispensary, Public Vaccinator, says:—'I consider it is of excellent value as a local application in Erysipelas. In Infants suffering from inflammation extending down the arm after vaccination, a few applications of the Liniment arrests the swelling, and checks the spread of the disease.'

WHOLESALE & FOR EXPORT OF THE PROPRIETOR,

J. P. WILSON, Manufacturing Chemist, Reading.

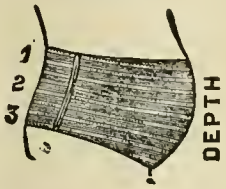
P. BOURJEAURD.

INVENTOR OF THE ELASTIC SPIRAL APPLIANCES

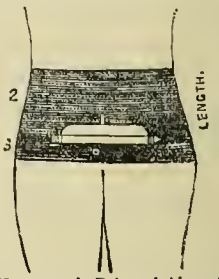
49 Davies Street, Berkeley Square, London, W., also at Paris and Marseilles.

Spiral Elastic Belt and Air Pad for Prolapsus Uteri or Ani.
ESTABLISHED 1848.

Spinal Abdominal Supporter, free from under straps and buckles.



To be worn before or after confinement.



Hypogastric Belt and Air-pad supporter for the displacement of the womb.

Mr. Bourjeaurd's appliances are made of an extremely fine and large texture, and wash as ordinary linen. Illustrated Catalogue free by post.

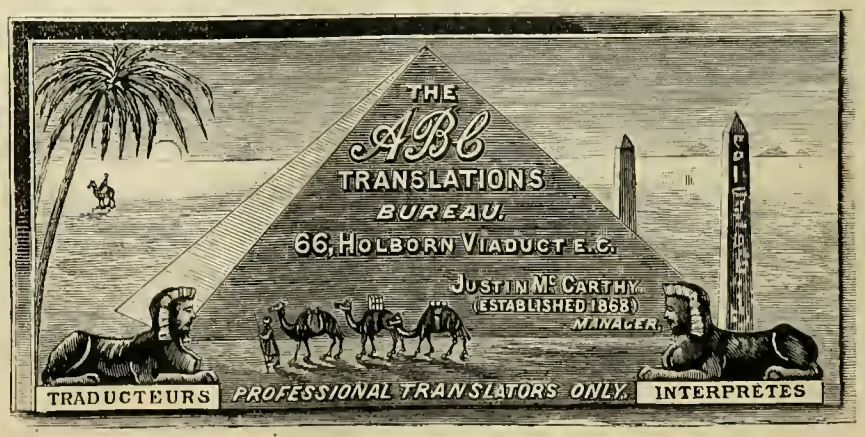
LAC BISMUTHI (SYMES)

Hydrate of Bismuth, possessing in a specially active and high degree the properties of this drug. Dose 3j to 3ij.

LAC BISMUTHI ET CERII (SYMES)

Particularly useful in Sickness during Pregnancy. Dose 3j to 3ij.

Originated and Prepared by **SYMES & CO., Manufacturing Chemists, Liverpool.**



Gold Medal, Paris. Medals, Sydney, Melbourne, Christchurch, N.Z.

FRY'S COCOA EXTRACT.

Guaranteed perfectly Pure Cocoa only.

'There is no nicer or more wholesome preparation of Cocoa.'—*Food, Water, and Air*, edited by Dr. Hassall.
'Strictly pure, easily assimilated.'—W. W. Stoddart, F.I.C., F.C.S., *Analyst for Bristol.*
'Pure Cocoa, a portion of oil extracted.'—Charles A. Cameron, M.D., F.R.C.S.I., *Analyst for Dublin.*

Try also FRY'S CARACAS COCOA.—'A delicious preparation.'

SIXTEEN PRIZE MEDALS AWARDED TO J. S. FRY & SONS.

GOLD MEDAL, PARIS EXHIBITION, 1878.

KINAHAN'S LL WHISKY.

PURE, MILD AND MELLOW. DELICIOUS AND MOST WHOLESOME.

THE CREAM OF OLD IRISH WHISKIES.

Dr. Hassall says:—'Soft and Mellow, Pure, well Matured, and of very excellent quality.'

The Gold Medal, Dublin Exhibition, 1865.

20, GREAT TITCHFIELD STREET, LONDON, W.

MITCHELL & MUIL'S

PURVEYORS TO HER MAJESTY.

CHARCOAL BISCUITS.

(Recommended by Leading Members of the Medical Profession.

ABERDEEN.

In Tins at One Shilling each.

MAY BE HAD OF ALL RESPECTABLE CHEMISTS IN THE UNITED KINGDOM AND ABROAD.

WYE HOUSE ASYLUM, BUXTON, DERBYSHIRE, for the Middle and Upper Classes of both sexes, is beautifully situated in the healthy and bracing climate of the Derbyshire hills, and is directly accessible by the Midland and the London and North-Western Railways.—For terms and other particulars address the Resident Physician and Proprietor, Dr. F. K. Dickson.

Messrs. YOUNG & POSTANS

Beg to direct the attention of the Profession to their List of New Popular Effervescing and other Preparations, which are largely used.

Granular Effervescing Bismuth and Pepsine.
Granular Effervescing Bismuth, Pepsine, & Steel,
Introduced at the suggestion of the late Dr. Thos. Hawkes Tanner.
Gran. Eff. Bismuth, Pepsine, and Quinine.
Gran. Eff. Bismuth, Pepsine, and Strychnine.
Gran. Eff. Iron and Arsenic. Pepsine Porci.
Pepsine Wine. Pepsine Pills. Pepsine Lozenges.
Phosphorised Cod-Liver Oil. The Original Prep.

In 1853, Dr. Glover prescribed Phosphorised Cod-Liver Oil (*Lancet* Jan. 1, 1853), 27 years ago and more. *Beware of spurious imitations*

PRESERVED RIPE INDIAN BAEL FRUIT.
Recommended by Sir Joseph Fayrer, M.D.

YOUNG & POSTANS, 35 Baker St., London, W.

NEW AND SECOND-HAND

ARMY, AMPUTATING, POST-MORTEM, DISSECTING, and POCKET DRESSING CASES, by the best Makers, at moderate prices. NEW and SECOND-HAND MICROSCOPES and OSTEOLOGY. The GENERAL PRACTITIONER'S POCKET CASE, price £6 10s. *Illustrated Catalogue, Three Stamps.*

Retail Depot for the New Patent

CARBOLIZED SOAP LEAVES

FOR MEDICAL MEN.

WALTER LAWLEY,

Farringdon Street, near Ludgate Circus, London

(Established over a Century.)

ASTHMA AND OTHER MALADIES OF THE RESPIRATORY ORGANS. SLADE'S ANTI-ASTHMATIC CIGARETTES are carefully prepared from soothing and Anti-spasmodic Medicinal Plants, slightly camphorated and aromatised. Being safe, efficient, and agreeable, they can be used by the most delicate invalid ladies. They are prescribed at the Brompton and Victoria Park Hospitals, and by many eminent physicians in the United Kingdom, the Colonies, and on the Continent. Delivered to the public in sealed bottles only, whereby their virtues remain unimpaired by time or climate.

CONSUMPTION.—Incipient cured, worst cases relieved more by Slade's Balsamic Soothing Consumption Cigarettes than by Cod-Liver Oil, Quinine, Iron, etc. Price 2s. 9d., 4s. 6d., and 11s.

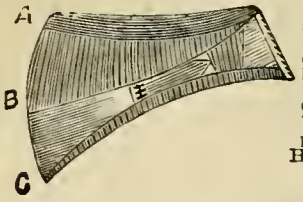
Prepared by T. SLADE, Pharmacien, 108, Long Acre.

Samples Free on Application.

A liberal discount to the Profession and Pharmacians.

SALMON'S ABDOMINAL BELT.

In Silk Elastic and Thread ditto, from 25s. to 50s.

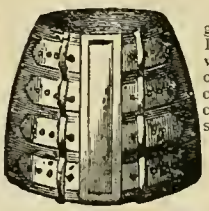


The Belt is light in texture, and affords a more lifting support than any hitherto made, completely supporting the lower part of the Abdomen. It is recommended in cases of Obesity, Tumour, Prolapsus Uteri, and during and after pregnancy.

HENRY R. SALMON,
87 Wimpole St., Cavendish Sq., London, W.
(corner of Wigmore St.)

SALMON'S OBSTETRIC BINDER

For immediate use after delivery. 6s. 6d.; by post, 6s. 10d.



The Binder is a substitute for the towel generally used immediately after labour. It is made of strong linen, and dispenses with the usual pinning. The advantages of the Binder are facility of application, combined with comfort and greater efficiency. Measurement required, ordinary size of the waist.

HENRY R. SALMON,
Wimpole Street, Cavendish Square, London, W.
(corner of Wigmore Street).

BRADY AND MARTIN'S NEW ILLUSTRATED CATALOGUE

(*COPYRIGHT*)

CONTAINS DETAILED LISTS OF

SURGICAL INSTRUMENTS;

PHYSIOLOGICAL APPARATUS, APPLIANCES, AND PREPARATIONS

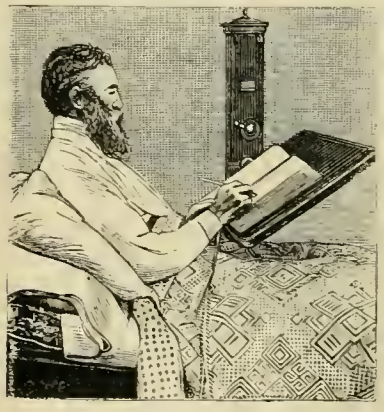
MICROSCOPES AND MATERIALS FOR HISTOLOGICAL RESEARCH;

CHEMICAL APPARATUS USED BY MEDICAL OFFICERS OF HEALTH.

With nearly 300 Wood Engravings. Supplement containing Notices of newly-introduced Remedies.

Price 2s. 6d., Post Free.

NEWCASTLE-UPON-TYNE.



NEW PATENT

Invalid Bed Table, Reading Desk, & Drawing Board

COMBINED.

The only really perfect Table for the requirements of Invalids made.

By the use of this Table, a Patient who is unable to feed himself may do so with ease and comfort while sitting in bed. He can, with the smallest expenditure of strength, move it higher or lower, or to or from him, and when required for reading or writing place it at any angle he pleases. Although invented for Invalids, this Table is equally adaptable to Convalescents—either for breakfast in bed, book or paper rest, drawing or writing table, or as a smoker's companion; in fact, its uses are of a most multifarious character. Already in use in Hospitals, &c.

Apply to Proprietor—

GEO. THIRKETTLE,
HYDE PARK, LEEDS.

Applications are invited to Tender for Royalty to Manufacture the above on account of the pressing demand.

REDUCED PRICES. IMPERISHABLE INDICES.

PHŒNIX CLINICAL THERMOMETERS. Loss of Index impossible; indelible Scale. Sizes—4 in., 5 in., 6 in. Price 7s. 6d., post free.

LENS FRONT PHŒNIX THERMOMETERS. All the advantages of the foregoing; also a highly magnified Index, and cannot roll. Sizes—4 in. and 6 in. Price 9s., post free.

TEMPERATURE CHART FORMS, size of Visiting List. 6d. per dozen; 2s. book of 50.

HARVEY & REYNOLDS, 13 Briggate, Leeds.

Original Makers of Dr. Clifford Allbutt's Clinical Thermometers.

NORTHGROVE HOUSE, HAWKHURST, KENT AND SUSSEX.

HAWKHURST,

KENT AND SUSSEX.

ESTABLISHED IN 1839.

This Asylum is situate midway between

TUNBRIDGE WELLS AND HASTINGS.

The Government Inspectors are Her Majesty's Commissioners in Lunacy, the Lord Chancellor's Visitors in Lunacy, Four Justices of the Peace, attended by the Medical Inspector of Asylums for the County of Kent, and their Solicitor. Has extensive grounds and excellent stabling. Station—Etchingham, S.E.R. Terms moderate. For particulars apply to

Dr. WM. MILSTED HARMER, F.R.C.P. etc., etc.,
Physician Superintendent.

THE AUSTRALIAN WINE COMPANY, LIMITED,

8 and 8½ MILL STREET, HANOVER SQ.

THE WINE OF THE FUTURE.

TRADE MARK.

Auldana

RED AND WHITE.

AULDANA is acknowledged to be the Finest Brand of Australian Wine.

PRICES—16s., 22s., 28s., 34s., and 40s. per Dozen.

AULDANA at 16s. per doz. can be recommended. Guaranteed absolutely pure.

Sir RANALD MARTIN, M.D., C.B., F.R.S., says :—

'I consider that your AULDANA Wine is far more sustaining than Claret, and far more heat-giving; qualities specially valuable in colder seasons of the year.'

Dr. DRUITT, in his Report on Cheap Wine, says :—

'AULDANA, with White Wine to match, should form part of the cellar of everybody that can afford it, and desires to keep out of the doctor's hands.'

The Australian Wine Company having the Special brands, AULDANA and EMU, do not bind themselves to the produce of special vineyards, and are therefore open to select the finest growths of the Colonies.

EMU BRAND.

EMU

Is also a favourite Brand.

CHASSELAS, 27s. HERMITAGE (RED), 27s.
RIESLING, 34s. SHIRAZ, 30s.
WHITE HERMITAGE, 34s. SAUVIGNON, 38s. per doz

AULDANA AND EMU

Can be obtained from any WINE MERCHANT, or direct from the AUSTRALIAN WINE COMPANY (JAMES A. COCKS, Manager), 8 Mill Street, Hanover Square, W.

SPECIAL CAUTION.—AULDANA is one of the REGISTERED BRANDS of Pure Australian Wine, and is the SOLE PROPERTY of the Australian Wine Company, Limited, 8 and 8½ Mill Street, Hanover Square, W. Can be obtained from Agents, Town and Country. AULDANA is a BRAND, and is protected by registration.

PROCEEDINGS will be at once taken by the Australian Wine Company, Limited, against any one infringing the rights of the Company to the registered word AULDANA.

W. M. NICHOLS & CO.'S ITALIAN WINES.

All who appreciate Pure Wines will find those we are now Importing from Italy superior to the manufactured Clarets which are offered at Low Prices. The following are especially recommended :—

LOMBARDY RED WINE	15s. per dozen.
MONFERRATO, rather Full and Rich	18s. ,,
BARBERA, Fuller	18s. ,,
BAROLO, a Fine Wine, Good Body	24s. ,,
TREBBIANO, a Delicate White Wine, 7 Years in Bottle	36s. ,,

WITH OTHER VARIETIES.

See—*London Medical Record* of Jan. 15, 1883. *Lancet* of March 3, 1883.

FOR PRICE LISTS, ETC., APPLY TO

W. M. NICHOLS & CO., 9a Great St. Helen's, LONDON., E.C

LIEBIG COMPANY'S EXTRACT OF MEAT

The only brand warranted genuine by Baron Liebig.

CAUTION.—Numerous inferior and low-priced substitutes being in the market with misleading titles, labels and portraits of the late Baron Liebig, purchasers must insist upon having the Liebig COMPANY'S Extract of Meat.

N.B.—Genuine ONLY with facsimile of Baron Liebig's Signature, in blue ink across label.

LIQ. ERGOTÆ PURIF. (HEWLETT'S).

This preparation, which has now been well tried by many hundreds of medical men, was introduced by us about two years since, to supply want that was felt, and thus obtain a reliable and active preparation of Ergot. Perhaps there is no drug of which we hear such contradictory results as to its action and use. Several things may fully account for this; the inertia of the drug employed, the dose administered, and the manner and the time of giving it. Various preparations, such as the Liquid Extract of the *British Pharmacopœia*, many of the ammoniated liquid extracts, the stale powder, and the tincture, are inert or nearly so. Heat is said to be destructive in preparing the drug, though this may be doubted by many old practitioners who have, from time immemorial, been in the habit of making at the bedside an infusion from the powder or the beans. Being satisfied that there was real cause for the numerous complaints as to the uncertainty of the various preparations used by medical practitioners, we have succeeded, after many experiments, in obtaining a pure liquid extract, which, we are glad to say, has given immense satisfaction to the accoucheur, and in general practice, in the various diseases that the drug is indicated, and which are considered *seriatim*.

Liq. Ergotæ Purif. (Hewlett's) can be administered with effect:—

1st.—In tedious labours, where the pains are infrequent and of no force, and where the os is dilated, and when the uterus is becoming exhausted, one or two drachms of the Liq. Ergotæ Purif. (Hewlett) given in a little water excites powerful and continued contractions of the uterus.

2nd.—In post-partum hæmorrhage, Liq. Ergotæ Purif. (Hewlett) administered in half to one drachm doses is very conspicuous in its action in arresting the bleeding, by producing firm contraction of the uterus, and by its influence on the blood-vessels in diminishing their calibre. When the patient is reduced almost to a hopeless state, the dose may be increased and repeated every hour or two if necessary.

3rd.—It has been given with success on the Continent, in that troublesome class of cases following enlargement of the prostate gland, as it causes diminution of its substance by its peculiar action on involuntary muscular fibre, and it has been lately prescribed with marked benefit in cases of diabetes insipidus, in diminishing the amount of urine.

Packed in 5-oz., 10-oz., 22-oz., 40-oz., 90-oz. Bottles.

Physicians will oblige, when ordering this preparation, to write 'Liq. Ergotæ Purif. (Hewlett's).'

Specially Prepared by C. J. HEWLETT & SON, Operative Chemists,

40, 41, AND 42 CHARLOTTE STREET, LONDON, E.C. PRICE, 10s. 6d. per lb.

CHINOQUININE.

The bleached crystallisable alkaloids of East Indian Red Bark (*Cinchona succirubra*), containing Quinine, Cinchonidine, and Cinchonine in the form of *Muriates*. In appearance, medicinal properties, and mode of administration it closely resembles Quinine; it may be given in all cases where the pure alkaloid is required, whilst, as a tonic, and in cases where Quinine alone is objectionable, its use is especially advantageous.

It is moreover sold at nearly half the price of Quinine.

FERRI ET CHINOQUINÆ CITRAS.

A 'Scale preparation,' containing 25 per cent. of Citrate of Chinoquinine. Dose and medicinal properties the same as Ferri et Quinæ Cit., P. B. In 1 oz. bottles, price 1*s.* 9*d.*; or in bulk, 24*s.* per lb.

LIQUOR FERRI ET CHINOQUINÆ CITRAS.

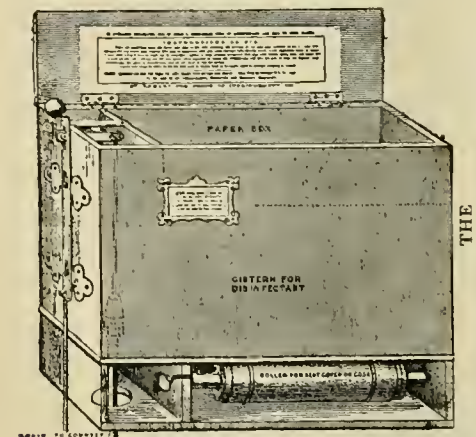
An elegant preparation of the above in a liquid and very palatable form; prepared for convenience in Dispensing. Each fluid drachm contains 10 grains of Citrate of Iron and Chinoquinine. Price 6*s.* per lb.

CHEKAN, AND ALL ITS PREPARATIONS.

We are the original importers of this Chilian plant, which is strongly recommended by Dr. W. Murrell, of the Diseases of Chest Hospital; also by Dr. T. Stretch Dowse, for chronic catarrhal inflammation of the respiratory mucous lining.—See *Medical Record* of April 15, 1882.

WYLEYS & CO. { WHOLESALE AND EXPORT DRUGGISTS AND MANUFACTURING PHARMACEUTISTS. } **COVENTRY.**

And WYLEYS, WALKER & CO., 223 UPPER THAMES STREET, LONDON.



THE UNIVERSAL DEODORISER. For Water-Closets & Drains. Cheap, Simple, Efficacious.

THE ONLY PERFECT ONE In the Market.

Thoroughly disinfects and deodorises both water-closets and drains, without alterations to existing closets.

FEVERS will not be generated where it is in use.

Write for further particulars to

H. RAIMES,

Sanitary Engineering Works,

WEST END LANE KILBURN, N.W.

LA BOURBOULE.

An Eminently Restorative Mineral Water.

Contains Chloride of Soda, Bicarbonates, Arsenic

(28 millig. of arseniate of soda per litre.)

Dose: Half a glass to three glasses per day before or during meals.

A Regenerator for Weakly Children, and for Debility in Adults; also in Anæmia, Fatty Degeneration, Affections of the Skin and Respiratory Organs, and Intermittent Fevers. Employed as a drink and in gargles for Bronchitis and Sore Throat, and as a drink and lotion in Ringworm, Chaps, and Redness of the Skin. (Anglican Divine Service on Sundays.)

London: GALLAIS & CO., 27 Moorgate Street; INGRAM & ROYLE, 119 Queen Victoria Street; HENRY BEST & SONS, 22 Henrietta Street, Cavendish Square, W. Liverpool: EVANS, SONS, & CO.

VIRGIN MONTILLA SHERRY

21S. PER DOZEN.

THIS LIGHT, ELEGANT, PALE, DRY

SHERRY,

WHICH pays only 1*s.* duty (the same as the Light French and German Wines), is very suitable for persons of weak digestion, being so free from spirit. One Dozen for Sample, Carriage Free; afterwards, Three Dozen and upwards.

CADIZ WINE COMPANY, 8 DUKE STREET, ST. JAMES'S, S.W.

ESTABLISHED 1847.

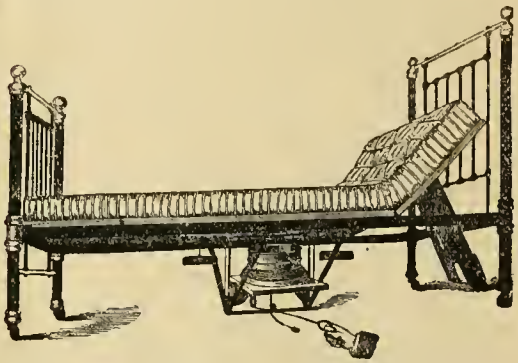
DALTON'S
PATENT
SELF-ADJUSTING INVALID BEDSTEAD.
INVALUABLE FOR BEDRIDDEN PATIENTS.

FOR USE IN HOSPITALS OR PRIVATE HOUSES.

By means of this apparatus a Pan can be placed with perfect ease under the Patient, and thus prevent the pain and exposure to cold on being moved.

By a very simple contrivance the apparatus can be adapted to any ordinary Bedstead, without any fitting whatever.

It will be seen by the Illustration below, that, by means of a cord and pulley, the movable platform is lowered, and, the pan being placed upon it, is raised by means of balance weights into an aperture in the Mattress. The movable platform is afterwards lowered, and the pan having been removed, is allowed to ascend again gently into the aperture, where it is fixed by means of a very simple contrivance.



NET PRICE FOR ADAPTING TO YOUR OWN BEDSTEAD.

The Apparatus, including Mattress, Block, with Aperture in centre and Plug to fit the same, (both in Waterproof Covering), Pan and Self-adjusting Fittings, complete, 3 ft. wide by 6 ft. 6 in. long, £3 15 0. Extra for Head-lift, 5s.

Other Sizes at corresponding Prices.

H. J. DALTON, Sole Manufacturer, 92 Bishopsgate Street Without, LONDON, E.C.

THE
SANITARY RECORD
A MONTHLY JOURNAL OF PUBLIC HEALTH AND THE PROGRESS OF SANITARY SCIENCE,

IS PUBLISHED

ON THE 15th OF EACH MONTH,

And is sent free by post to any part of Europe or the United States and Canada, for the sum of

TEN SHILLINGS PER ANNUM

Paid in advance, from any date, to a corresponding one in the following year.

The Subscription to the CAPE, WEST INDIES, &c., is 10s. 6d., and to INDIA, CHINA, &c., 11s.

This sum includes a handsomely bound

DIARY FOR THE YEAR,

Which is delivered some time during the month of December, and is despatched to all parts abroad in time to reach its destination by the New Year.

ANY PERSON SUBSCRIBING DURING THE PRESENT YEAR WILL BE ELIGIBLE FOR

THE DIARY FOR 1884.

Cheques or Post Office Orders to be made payable to the Publishers,

SMITH, ELDER, & Co., 15 WATERLOO PLACE, LONDON, S.W.

SAVORY & MOORE'S SPECIALITIES.

FLUID EXTRACTS OF THE DIGESTIVE FERMENTS.

'Most powerful preparations in the form of mother liquors,' of pleasant odour and taste.

PANCREATINE, Neutral Essence of.

Liq. Pancreaticus.

A perfectly tasteless preparation, especially adapted for the peptonisation of milk, arrowroot, and other mucilaginous articles of diet in general use in the sick room.

Dose, 1 drachm.

PANCREATINE, Saline Essence of.

Liq. Tripsini vel Ess. Pancreatica Salinosa.

The most powerful agent for the digestion of Fat and Farinaceous Foods.

PEPSINE, Saline Essence of.

Liq. Pepticus.

The most powerful agent for the digestion of Meat, Milk, Eggs, &c.

May be taken with Food as a Sauce or Ketchup.

These preparations are reliable and concentrated forms adapted for all the purposes for which Pancreatine and Pepsine are administered. Dose, 1 drachm. (See *Brit. Med. Jour.*, Dec. 13, 1879, p. 965, &c.)

PEPSINE ELIXIR (ACID GLYCEROLE OF PEPSINE).

A convenient solution for admixture with other remedies, as Iron, Bismuth, &c., its syrupy nature rendering it easily miscible with other syrups and aqueous fluids.

Dose, 1 drachm.

These preparations are obtainable in 4, 8, and 16-oz. Bottles, or any quantity required, of all Wholesale and Retail Chemists, &c.

A special form of nutriment in **CONSUMPTION**, and where there is a tendency to other **WASTING** and **DEBILITATING DISEASES**, attended with loss of power to digest and assimilate Food.

PANCREATIC EMULSION, OR MEDICINAL (PEPTONISED) FOOD,

Will always take precedence of Cod-liver Oil and oily Emulsions, by reason of its introducing the Stable SOLID Fats into the system, instead of the evanescent FLUID fats or oils. It supplies the kind of fat necessary for sound and vigorous human life. **PANCREATIC EMULSION** presents to the Lacteals fat in exactly the same condition for assimilation and absorption as in the vigorous human frame, and the agent of the important change is the natural secretion of the Pancreas. Dose, 1 to 3 drachms, stirred little by little in milk, water, or any suitable vehicle.

NUTRITIVE or Mixed Peptone ENEMA (Enema Peptonicum Savory),

Consisting of mixed Peptonised Foods for injection per Rectum, thus supplementing and relieving the Digestive Organs. Prepared at the suggestion of A. E. SANSOM, ESQ., M.D., &c.

Each Bottle contains two small or one full dose.

SAVORY & MOORE, { 143 NEW BOND STREET, LONDON, W.; AND SOLD BY CHEMISTS EVERYWHERE.

'THE PERFECT CLINICAL'

MAXIMUM THERMOMETER.

FERRIS & CO.'S CORRECTED READABLE INDEX.

FERRIS AND COMPANY'S

NEW

'CORRECTED READABLE' CLINICAL THERMOMETER,

With Permanent Index.

The best Thermometer yet introduced. It is accurate. It has a magnified Index, which can be easily and distinctly read, and it does not get out of order.

The special and distinctive feature of 'THE PERFECT CLINICAL' is, that the KEW CORRECTIONS ARE DISTINCTLY MARKED UPON THE STEM OF EVERY THERMOMETER. This improvement at once renders 'THE PERFECT CLINICAL' the most accurate and useful Thermometer for medical purposes.

Price 10s. 6d. each.

To be procured only from

FERRIS, BOORNE, TOWNSEND, & BOUCHER, 4 & 5 UNION STREET, BRISTOL.

THE LONDON

MEDICAL RECORD.

APRIL 15, 1883.

CONTENTS.

LEADERS.

TROITZKY ON CONVALLARIA MAJALIS (V. Idelson, M.D.) .. 121
CECCHERELLI ON NERVE-STRETCHING (G. D'Arcy Adams, M.D.) 122
HAY ON NITRITE OF SODIUM IN THE TREATMENT OF ANGINA PECTORIS (W. Murrell, M.D.) 122
WOAKES ON A NEW THEORY OF DIPHTHERIA (B. G. Morison, M.B.) 123
VOHSEN ON ACUTE RHEUMATISM IN CHILDHOOD (W. H. Allchin, M.B.) 124
KÜMMELL ON CORROSIVE SUBLIMATE AS AN ANTISEPTIC SURGICAL DRESSING 125
FINGER ON MILIARY TUBERCULOSIS OF THE MUCOUS MEMBRANE OF THE MOUTH (E. C. Beale, M.B.) 126
OLLIER ON SUBPERIOSTEAL DISARTICULATIONS (W. Johnson Smith) 127
SCHWIMMER ON NEUROPATHIC AFFECTIONS OF THE SKIN (E. C. Beale, M.B.) 128
ROE ON INTERNAL ŒSOPHAGOTOMY (W. J. Walsham) .. 128
DE WECKER AND MOURA BRAZIL ON THE USE OF JEQUIRITY IN EYE-DISEASES (W. A. Brailey, M.D.) 129
WEISS ON SPASTIC PARAPLEGIA (H. Milton) 130
BARIÉ ON THE CARDIO-PULMONARY SYMPTOMS CONSEQUENT UPON GASTRO-HEPATIC TROUBLES (K. W. Millican) .. 131
VOLTOLINI ON TWO PECULIAR AFFECTIONS OF THE EAR (W. L. Purves) 131
DIANIN ON TRICHLORPHENOL AS AN ANTISEPTIC (V. Idelson, M.D.) 132

SURGERY.

RECENT PAPERS. SELECTED ABSTRACTS: Thompson on Drainage in Chronic Cystitis.—Teevan on Sir H. Thompson's New Operation for Retention.—Sanctuary on Sponge-grafting. Blanc on Trephining in Depressed Fracture of the Skull.—Goldsmith on Recovery from a Fish-hook in the Œsophagus.—Wells on Mesenteric Cysts and Tumours.—Barker on a Case of Compound Fracture of the Femur and Amputation of the Thigh.—May on a Case of Injury and Obstruction to the Ureter.—Wood on Hysterical Breast.—Whitson on the Radical Cure of Inguinal Hernia.—Thornton on Two Cases of Hepatotomy for Hydatids.—Jackson on Recovery after Rupture of the Bladder.—Oliver on the Illumination of Internal Cavities by means of the Electric Light.—Goldie on Ankylosis of the Hip-joint treated by Section of the Femur (R. Neale, M.D.).—Quénu on Nephrectomy.—Ashhurst on Avulsion of an Enlarged Lobe of the Prostate.—Verneuil on the Treatment of Fistula in Ano.—Peters on Litholapaxy through the Perinæum (W. J. Smith).—Volkmann on the Operative Treatment of Ozæna.—Michael on an Instrument for Treating Strictures of the Pharynx (E. C. Baber, M.B.).—Diakonoff on a Case of Foreign Body in the Nose (V. Idelson, M.D.).—Allis on the Cure of Hip-Joint Disease.—Johnston on Forty Inches of Bowel passed per Rectum.—Byrd on the Treatment of Fracture of the Clavicle.—Conklin on Impacted Fracture of the Neck of the Femur.—Leistiknff on Injections of Corrosive Sublimate in Gonorrhœa 133

MEDICINE.

RECENT PAPERS. SELECTED ABSTRACTS: Marie on Hysterical Angina.—Charcot on Incomplete Tabes.—Westbrook and others on Aspiration of the Heart.—Fifield on Idiopathic Endocarditis.—Sée on Heart Disease from Hepatic and Gastric Affections (R. Saundby, M.D.).—Kuvshinsky and Pastor on the Course of Temperature in Scarlatina.—Stepanoff on a Case of Carbunculus Internus (V. Idelson, M.D.).—Brigidi and Pacinotti on the Relations of Cardiac Hypertrophy and Atrophied Kidney.—Vieta on the Antagonism of Phthisis and Ague. Lomon on Erysipelas caused by Dust of Dry Reeds.—Serret on Vaccinia (G. D'A. Adams, M.D.).—Sokolowski on the Local Treatment of Pulmonary Cavities.—Statten on the Pathogenesis of Diabetes Insipidus.—Deininger on the Symptomatology of Oxyuris Vermicularis.—Vetlesen on a Case of Persistent Pneumothorax (W. B. Kesteven, M.D.).—Hutchinson on Certain Diseases Allied to Erysipelas.—Raymond on Latent Cancer of the Stomach.—Hull on the Incubation Period of Typhus Fever.—Smith on the Detection of the Tubercle of Bacilli in the Breath.—Lawson on the Treatment of Valvular Disease of the Heart.—Norvill on Typhoid Fever with Ulceration of Small and Large Intestines.—Cameron on Prolonged Infectiousness from Scarlet Fever.—Hobson on Pernicious Anæmia.—Williams on Bronchiectasis Treated by Tapping.—Cane on Cancer of the Pancreas with Phlegmasia Dolens.—Clark on Renal Inadequacy.—Mackey on Hysterical Rapid Breathing.—Penny on Aneurism of Aorta simulating Pleuritic Effusion. Jones on Acute Diabetes (R. Neale, M.D.) 138

THERAPEUTICS AND PHARMACOLOGY.

RECENT PAPERS. SELECTED ABSTRACTS: Bozzolo on Iodoform in Diabetes.—Curci on the Action of Lead on the Vagus Nerve (W. R. Huggard, M.D.).—Sakovsky on Chinoline and its Physiological Action.—Korczynski on the Therapeutic Use of Salicin.—Semtchenko on Cow-Koumiss on Gastro-intestinal Affections in Children.—Bojinski-Bojko on Iodine Painting in Small-pox.—Sher on Iodoform in Diphtheria.—Archangelsky on Cold Baths in Erysipelas.—Gartchinsky on Ozone in Scurvy.—Rubinsky on Antiseptic Solutions of Atropine (V. Idelson, M.D.).—Rawle on the Treatment of Dysentery.—Quinlan on the Mullein Plant in Consumption, &c. (R. Neale, M.D.), &c. 144

OBSTETRICS AND GYNÆCOLOGY.

RECENT PAPERS. SELECTED ABSTRACTS: Truzzi on the Second Utero-Ovarian Cæsarian Operation performed by Professor Porro.—Donati on Puerperal Eclampsia.—Pedrini on Ovarian Cyst Cured by Injection of Wine (G. D'A. Adams M.D.).—Tolochinoff on Chronic Inversion of the Uterus.—Stekloff on Vaginal Injections of Hot Water.—Rudoff on Fœtal Ascites as a Cause of Obstruction (V. Idelson, M.D.).—Coates on Intravenous Injection of Fluids (R. Neale, M.D.).—Von Wahl on Ovariotomy during Pregnancy.—Von Wahl on Resection of Colon Adherent to Ovarian Tumour (A. Doran), &c. .. 149

PATHOLOGY.

RECENT PAPERS. SELECTED ABSTRACTS: Chiari on the Bacilli of Tuberculosis (E. C. Beale, M.B.).—Rosenstein on Bacilli in the Urine (W. B. Kesteven, M.D.).—Pfeiffer on Tubercle-Bacilli.—Morison on the Bacilli in Hard and Soft Chancres.—Schmidt and Hirschfelder on the Tubercle-Bacillus.—Bouchard and others on the Bacillus of Glanders (R. Saundby, M.D.), &c. 154

OTOLOGY.

RECENT PAPERS. SELECTED ABSTRACTS 156

SYPHILOGRAPHY.

RECENT PAPERS. SELECTED ABSTRACTS 159

TOXICOLOGY.

RECENT PAPERS. SELECTED ABSTRACTS 163

REVIEWS.

MORREN, Dr. A. Twenty-five Years of Ophthalmic Practice.. 164
BONNING, Dr. C. Ueber die Wundbehandlung mit Naphtalin.. 164
REEVES, H. A., F.R.C.S.Edin. Human Morphology 164

NOTES ON BOOKS.. 165

MISCELLANY 166

(For Index to Advertisements see page iii.)

NOTICE.

THE LONDON MEDICAL RECORD *is published in Monthly Parts, and may be ordered direct from the Publishers. Annual Subscription, 18s.; postage paid, 19s. 6d.*

Reading Covers to hold THE LONDON MEDICAL RECORD *have been prepared, and may be had direct from the Publishers or through any Bookseller, price 2s. 6d. each.*

Foreign Books for review in this Journal may be sent addressed to the EDITOR, *care of Messrs.* DULAU & Co., *London; and through their Agents:—Paris: Mr.* G. BOSSANGE, *Rue Quatre-Septembre —Leipzig: Mr.* K. F. KOEHLER—*Florence: Mr.* E. LOESCHER — *Brussels—Mr.* C. MUQUARDT.

The Seventh Volume of the LONDON MEDICAL RECORD *is now ready, price 19s. 6d. Cloth Cases for binding the Numbers for each year may be had for 1s. 6d. each.*

Home and Foreign Agents for THE LONDON MEDICAL RECORD: — *Edinburgh:* MACLACHLAN & STEWART *Amsterdam:* W. H. KIRBERGER *Bombay:* THACKER, VINING, & Co.—*Calcutta:* THACKER, SPINK, & Co.—*Melbourne:* GEORGE ROBERTSON—*Montreal:* W. DAWSON & Co.—*New York:* G. PUTNAM'S SONS, —*Paris:* JOHN ARTHUR & Co., 10 *Rue Castiglione.*

Advertisements should be sent to the Office, 15 Waterloo Place, S.W., on or before the 10th of each month.

WRIGHT'S LIQUOR CARBONIS DETERGENS.

See Testimonials of entire Medical Press and from leading Dermatologists.

THE PRACTITIONER of September 1881, reports a lecture entitled 'Recent Advances in the Therapeutics of Diseases of the Skin,' by W. A. JAMIESON, Esq., M.D., F.R.C.P. Ed. The following is an abstract therefrom :—'Itching, which owes its origin to too slow a current of blood, of which the most typical example is that seen in Eczema connected with varicose veins of the leg—but to the same category also many examples of Pruritus Scroti, Labiorum and Ani may be referred—is best relieved by careful flannel bandaging, well applied suspensory bandages, and laxative salts or mineral waters, which unload the rectal veins by freeing the portal circulation, combined locally with weak tarry lotions, one of the best of which is Wright's Liquor Carbonis Detergens, a well-made alcoholic solution of Coal Tar, suitably diluted.

From THE LANCET, Dec. 22nd, 1866 : 'In our hands it has been a most effective agent in skin diseases, especially of the chronic eczematous class ; and one case of psoriasis, which had resisted all other kinds of treatment, speedily got well under the application of the Liquor Carbonis Detergens. We esteem it a very valuable addition to our list of skin remedies.'

From the MEDICAL TIMES & GAZETTE, January 19th, 1867 :—'We have more than once called attention to the value of this remedy in chronic eczema.'

From the BRIT. MED. JOUR., Sept. 22, 1871 :—'We have tested it, and can affirm its value as a detergent agent. We consider the Liquor is an article of great utility.'

From the BRITISH MEDICAL JOURNAL, April 1st, 1882 :—'This is by no means a new preparation, for it has been in extensive use for many years. It is an alcoholic solution of coal-tar, and is a disinfectant of considerable value. Medicinally, it is often used for the destruction of pediculi, and as a external application in eczema, psoriasis, and other skin diseases.'

Kept in stock and sold by all Druggists (Wholesale and Retail) throughout the United Kingdom and Colonies.

Proprietors : W. V. WRIGHT & CO., Southwark Street, London.

UMNEY'S FLUID EXTRACT OF CINCHONA.

At Medical International Congress, London, the Indian Bark was declared to be the bark of the future.

Extensively used in private and hospital practice, on account of its ELEGANCE, MEDICINAL VALUE, and MODERATE COST.

Lancet.—'An excellent preparation : contains all the alkaloids of the Bark.'

Med. Times & Gaz.—'An excellent, elegant, reliable, and very convenient preparation.'

Pharmaceutical Journal.—'Excellent preparation, furnishing the constituents of the Bark in a concentrated form.'

Chemist and Druggist.—'Pharmaceutically worthy of the valuable medicine which it represents.'

Medical Press and Circular.—Used in hospital and private practice with the most satisfactory results.'

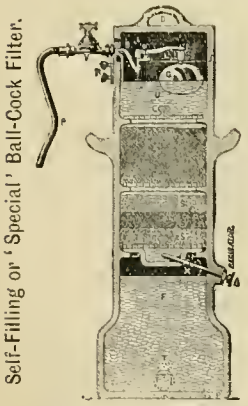
Made from Bark of Cinchona Succirubra, as grown in Government Plantations of British India.

See opinions of Medical and Pharmaceutical Press, and testimony as to its superiority over all other Fluid Preparations of Cinchona.

Price 10s. 6d. per lb.

To be obtained of all Druggists (Wholesale and Retail) in the United Kingdom. In ordering, specify 'UMNEY'S.'

WRIGHT, LAYMAN, AND UMNEY.
SOUTHWARK, LONDON, S.E.



Self-Filling on 'Special' Ball-Cock Filter.

THE SPONGY IRON FILTER.

Officially proved to be the ONLY PREVENTIVE of TYPHOID.

EXTRACTS FROM OFFICIAL REPORTS, POST-FREE.

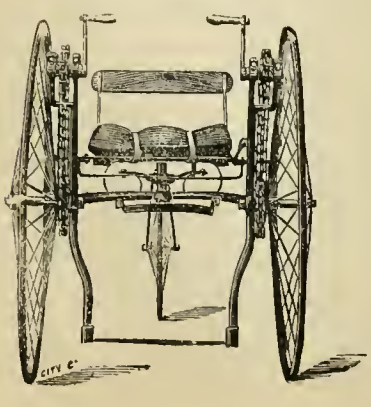
EXCLUSIVELY RECOMMENDED BY ALL AUTHORITIES.

Used in all the Royal Residences of the Queen ; in the different Government Departments ; in Hospitals, Asylums, Schools, &c.

PRICES from 17s. 6d. to £20.

SPONGY IRON DOMESTIC FILTER COMPANY,

22 NEW OXFORD STREET, LONDON, W.C.



BY ROYAL LETTERS PATENT.

THE FAVOURITE HAND TRICYCLE FOR LAME PERSONS,

Is similar in appearance to an ordinary Tricycle, but worked by the hands only.

'For the infirm it is invaluable, and undoubtedly supplies a long-felt want.'—*Sanitary Record.*

THE DREADNOUGHT (Hand and Foot) TRICYCLE.

For Particulars apply to the Sole Patentees and Manufacturers.

THE MANCHESTER TRICYCLE COMPANY,
14 EXCHANGE ARCADE, DEANSGATE, MANCHESTER.

The London
Medical Record.

Article 432.

TROITZKY ON CONVALLARIA MAJALIS.

Basing his remarks on very numerous and careful experiments on frogs, sparrows, hens, dogs, and men, Dr. N. V. Troitzky (*Vratch*, 1881, No. 15; and 1882, Nos. 18, 40, and 41) gives the following sketch of the pharmacological action of the aqueous extract of lily of the valley.

1. *Heart.*—*a.* Convallaria in large doses does not stimulate the cardiac terminations of the vagi. *b.* It does not stimulate the acceleratory cardiac nerves. *c.* It stimulates the central inhibitory apparatus. *d.* It paralyses the motor centres situated in the heart itself.

2. *Respiration.*—*a.* At first there is increase in frequency, due to the irritation of the respiratory centre in the medulla oblongata. *b.* Then follows retardation, with a considerable deepening of inspirations; and, finally, about a quarter to half a minute after the heart's arrest, a complete stoppage of respiratory movements occurs. This is a result of paralysis of the respiratory centre. The latter becomes paralysed under the influence of venosity of the blood, developing from the heart's failure.

3. *Temperature.*—At first, this rises (0·5° to 1° Cent.), then falls very considerably in the axilla and rectum alike (*e.g.*, two hypodermic injections of a centigramme into a puppy caused the temperature to fall from 38·5° to 33·6° Cent. = 101·3 to 92·5 Fahr.) The reduction depends upon the fact that convallaria paralyses the vaso-motor centres; hence dilatation of all the vessels, and an increased loss of heat from the surface of the body.

4. *Blood-tension.*—In the beginning, the arterial pressure is increased. This is due to stimulation of the vaso-motor centres and contraction of the peripheric vessels. When the doses given are large, the blood-pressure falls in consequence of paralysis of the vaso-motor centres.

5. *Gastro-intestinal Tract.*—On administration, both internally and under the skin, large doses of extract of convallaria produce salivation, vomiting, and increase of peristaltic action.

6. *Kidneys.*—The daily amount of urine is considerably increased.

7. *Brain.*—In all cases there is observed some amount of somnolence, depending on anæmia of the nervous centres, which results from paralysis of the vaso-motor nerves of the abdominal cavity.

8. *Reflexes.*—In the first stage these are lowered, in consequence of stimulation of Setchenoff's centres; in the second stage the latter are paralysed, and the reflex action, accordingly, is increased.

9. *Muscular System.*—Brought into direct contact with the substance of striated muscles, extract of convallaria causes a complete loss of contractility.

Taking into consideration all the facts above, as well as his clinical experience, Dr. Troitzky lays down the following indications for the therapeutic application of this extract. It is indicated in cases in which it is desirable—1. to make the heart's contractions stronger, slower, and more regular, especially in cases of organic cardiac disease, as well as in such cases where an increase in frequency depends on changes in the nervous centres; 2. to lower the temperature of the body in so far as this may be attained without any harmful influence on the cardiac muscle; 3. to diminish hyperæmia of the nervous centres by drawing blood away from the latter to the bowels; 4. to increase the arterial tension; 5. to increase the secretion of urine in dropsy; 6. to lower the reflex action. As to the contra-indications, they are these:—1. gastric and intestinal catarrhs; 2. acute affections of the liver, kidneys, and spleen; 3. inflammation of the uterus and ovaries; 4. pregnancy; 5. fatty degeneration of the heart; 6. hæmorrhoids.

The author recommends the following formulæ:—(*a*) Sixteen grains to two scruples of powder, convallaria daily as a laxative (originally given by Cazin and Fonssagrives); (*b*) four or five spoonfuls daily of an infusion (fifteen to forty grains to the ounce); (*c*) from a fourth of a grain to one grain of the aqueous extract of the flowers in pills; (*d*) one or two of the alcoholic extract of the flowers as a laxative (Schulze).

In the *Vratch*, 1880, No. 4 F, p. 773, is to be found another paper by the same author, in which he gives his results of the administration of infusion of lily of the valley in cardiac neuroses and organic disease. He states that in cases of simple mitral insufficiency convallaria, like digitalis, acts better than in those of disease of the aortic valves, and in mitral insufficiency complicated with stenosis. In the former category of the cases, in the stage of compensation, two or three days' use of infusion of convallaria (ten grains to six ounces, two tablespoonfuls daily) produces a most beneficial influence on palpitation, dyspnœa, and irritability of the patient, the relief lasting from five to nine days. The results are as satisfactory in the stage of disturbed compensation, in which three or four days' administration of the infusion (from ten to twelve grains of the flowers to six ounces of water, three or four tablespoonfuls a day) cause dyspnœa, œdema of the feet, and *râles* in the lower lobes of the lungs to disappear for seven or eight days. Then convallaria may be again used. The drug has no cumulative action whatever. Dr. Troitzky's observations were in general confirmed by Dr. N. Bogoiavlensky, who carried out his investigations into the action of tincture, extract, and infusion of convallaria in Professor Botkin's laboratory and clinic (see *Vratch*, 1880, No. 49, p. 803); and by Dr. S. Isaieff, who experimented on convallamarin at Professor P. P. Sushtchinsky's laboratory (*Vracheb. Vedom.*, 1881, No. 456, p. 2055, and No. 457, p. 2066). All three authors conducted their researches entirely independently of each other from the beginning to the end. Dr. Kalmykoff very favourably speaks of the action of convallaria (*Proceedings of the Charkov Med. Society*, 1881, No. 1). He administered an infusion (℥j. to ℥vj.) in five cases of mitral insufficiency with cirrhosis of the liver and chronic nephritis; he draws attention especially to a powerful diuretic property of the remedy. In all his cases there were observed a rapid disappearance of œdema and diminution of ascites. [On the action of convallaria in cardiac neuroses, in intermittent fever, pneumonia, &c., see also Drs. Simanovsky's and Alfayeff's papers in the London Medical Record, Oct. 1881, p. 404.—*Rep.*]

V. Idelson, M.D.

ARTICLE 433.

CECCHERELLI ON NERVE-STRETCHING.

DR. CECCHERELLI (*Lo Sperimentale*, 1882) contributes a very complete and interesting summary of the literature and results of this operation. He divides his subject into two parts. In the first he collects the anatomical and physiological facts, and in the second he describes the operation, the indications for its employment, and the results so far obtained.

As to how much the nerve is to be stretched, he cites many experiments in animals, and gives Frombetta's careful experiments as to the weight the different nerves removed from the body are able to sustain. He does not think these experiments of much practical good; the surgeon must be rather guided by the sensation of greater or less elasticity and resistance which he experiences. The anatomical lesions are of the perineurium, capillary vessels, and nerve-tubes, causing exhaustion and degeneration. The physiological effects are interruption of the ascending sensory current and continuance of the descending motor current; hence, perhaps, the frequent failure of nerve-stretching in tetanus (Artaud and Gilson). Quinquaud observed that in stretching one sciatic nerve, for example, there was also anæsthesia of the area innervated by the sciatic of the opposite side, and sometimes also in that of the crurals of the two sides. On stretching the right sciatic, there was anæsthesia of the right limb posteriorly; stretching shortly afterwards the left sciatic, there were anæsthesia of the left limb posteriorly, and return of sensibility in the right limb. When a nerve is stretched, the effect is therefore transmitted to the posterior part of the medullary axis. Labord and Debove divided the spinal cord and caused epileptiform movements; they stretched the sciatic nerve, and the movements were suddenly diminished. Wiet and Marcus found that, when the pneumogastric was stretched, the movements of the heart were accelerated.

The conclusions from these facts, and, as corollary, that the stretching of a nerve produces ecchymosis under the perineurium, rupture of the nervous fibres, and ascending degeneration, as in partial section of a nerve, would be, that nerve-stretching causes loss of sensibility; that the sensory ascending current disappears, while the motor or descending current is preserved; that it affects the centres and may cause trophic disturbances with persistence or not of anæsthesia. Moderate stretching produces anæsthesia in the territory of the nerve without loss of motility; violent stretching causes prolonged and persistent anæsthesia with constant alterations of motility and nutrition. The frequency of functional disturbances of parts far from the seat of operation proves that the spinal cord is influenced by the stretching of certain nerves (the sciatic and brachial plexus); for lesser nerves and for cords farther from the medulla, further researches are necessary. Notwithstanding the microscopical lesions which have been observed, the manner in which the distension acts is not yet determined (Chauvel).

In the second part, Dr. Ceccherelli describes the operation. He recommends the incision to be made as near the supposed seat of irritation as possible, the stretching to be made in the centrifugal and centripetal directions, and not excessive, with the finger or blunt hook. With the finger the surgeon is best able to judge, by the elasticity and resistance, of the force required. Nerve-stretching has been tried in many diseases, peripheral neuralgia, spasmodic affections, epilepsy, paralysis, tetanus, ataxy, anæsthesia in leprosy, &c. The author collects 252 cases, the results being 37 deaths, 16 failures, 34 cases improved, 156 cures, and 9 in which the result is not stated. Nerve-stretching has been most successful in peripheral neuralgia; out of 99 cases 74 were cured, 12 improved, 7 doubtful, and only 6 failures. In contractures, 14 cases, there were 12 cures; in facial tic, 7 cases, 6 cures; in traumatic spasms, 12 cases, 10 cures; in peripheral paralysis, 34 cases, all successful. Although experiment proves that nerve-stretching influences the spinal cord, in disease of central origin its effects are unsatisfactory. In 36 cases there were 5 cures, 16 improved, 7 failures, 8 deaths; epilepsy, 4 cases; 1 delayed success, 3 improved; tetanus, 45 cases; 14 successful, almost, if not all, cases of partial tetanus only; 2 results not stated, 29 deaths. In ataxy it has been most unsuccessful. Langenbuch gives 16 cases with 6 cured; but Bernhardt and Westphal say they have never seen a case improved or cured. Debove thinks the 'lightning' pains may be relieved by it. Vizioli also thinks that mechanical distension of the hyperæsthetic nerves, inducing a changed position of nervous molecules, may modify the molecular grouping by which excitability was exalted, and the return to the normal state may ensue. The author concludes that in all cases in which the lesion is peripheral the effect is certain, almost without danger, and more prompt than by any other mode of treatment. In central lesions, all means fail; in extreme ills, extreme remedies; therefore it is only to be tried in extreme cases. If by it we could promise improvement or diminution of any one of the grave symptoms, it would be the surgeon's duty to operate, but as yet we cannot say even that much.

G. D'ARCY ADAMS, M.D.

ARTICLE 434.

HAY ON NITRITE OF SODIUM IN THE TREATMENT OF ANGINA PECTORIS.

DR. MATTHEW HAY, Demonstrator of Practical Materia Medica in the University of Edinburgh, contributes to the March number of the *Practitioner* an interesting and valuable paper on the use of nitrite of sodium in the treatment of angina pectoris. Dr. Hay on three separate occasions took five, ten, and twenty grains of the salt, and found that it produced acceleration of the pulse, slight flushing of the face, and fulness in the head and eyes, accompanied by a throbbing sensation.

The similarity of the effects of nitrite of sodium, nitrite of amyl, and nitro-glycerine suggested that the peculiar action of these bodies was dependent on the nitrous acid present in them. Gamgee has shown that the clinical action of nitrite of amyl on the blood is identical with that of other nitrites, nitrite of sodium for example. Moreover, it is hardly conceivable that two salts such as nitrite of amyl and nitro-glycerine should so closely agree in their physiological action, were it not that the acid which is common to both is the essential factor.

The physiological action of the metallic nitrites has been investigated by Barth, Binz, Reichert, and Weir Mitchell. Barth's observations were made at Bonn in 1878, and were undertaken with the purpose of investigating the poisonous action on cattle of

nitrite of sodium (Chili saltpetre) used as manure. Barth showed that these poisonous effects were due to the presence of nitrite of sodium as an impurity. Binz, as the result of a number of observations, found that the nitrite produced decided and often lethal effects. The animals first became drowsy and giddy; and frequently fibrillar contractions of the muscles, with yawning and vomiting, were observed. Soon the breathing became laboured, and death occurred, unpreceded by spasm or convulsion of any kind. The nervous tracts were evidently paralysed, and paralysis both of muscles and nerves was observed in frogs. Rabbits and dogs were frequently purged by a large dose of the nitrite even when injected subcutaneously, and if the dose proved fatal the mucous membrane of the intestinal canal was usually found reddened and inflamed. The minimum lethal dose injected subcutaneously was for a rabbit about three grains. A dog weighing nine pounds was killed in four and a half hours by a dose of four grains given subcutaneously. Binz attributes the irritating action of the nitrite on the intestinal canal to the acid of the salt being there set free and becoming decomposed, forming nitric acid and nitric oxide. Reichert and Weir Mitchell, from an exhaustive research on the properties of potassium nitrite, concluded that in physiological action it was almost identical with nitrite of amyl. They observed the effects of the salt on man as well as on the lower animals, and arrived at the following conclusions.

The salt exerts a very feeble narcotic influence on the brain of mammals, more marked in the case of the frog, and the convulsions are clonic in character, cerebral in origin. Nitrite of sodium paralyses both the motor and the sensory portions of the spinal cord, acting much more quickly on the former; it diminishes the function of the motor and sensory nerves, ultimately paralysing them. It primarily increases the pulse-rate, and secondarily diminishes it, and at the same time lessens the force of the pulse. It primarily raises the blood-pressure from a direct action on the heart, and secondarily lowers it by causing vaso-motor and cardiac paralysis. The respiratory centres are first stimulated and afterwards depressed; and death is due to paralysis of the respiratory centres, when not dependent upon cardiac paralysis. It at first slightly elevates the temperature, and afterwards considerably depresses it; it finally paralyses the voluntary muscles and merely impairs the function of the involuntary muscles; and it primarily stimulates, and secondarily depresses, the heart.

Dr. Hay gives a detailed account of a case of angina pectoris in which nitrite of sodium was given with very satisfactory results. His prescription is as follows:—℞ Sodii nitritis ℥ss., aquæ q.s. ad ℥xij. Solve. Sig: Dose, one to two teaspoonfuls. This dose produces no perceptible throbbing in any part of the body, and no headache. Care must be taken to obtain the pure nitrite; for, unless carefully manufactured, it is apt to be contaminated with nitrate of sodium.

William Murrell, M.D.

Article 435.

WOAKES ON A NEW THEORY OF DIPHTHERIA.

There is no creed in medicine. The freshest confirmation of this doctrine is to be found in certain recent original observations on diphtheria, which have led Dr. Woakes to describe this disease as a simple neurosis arising in persons deficient in tone, especially in vascular tone. It is by him considered to be in fact an atonic inflammation, and akin to a common cold in its theory of causation. The history of its production is thus to be read. The patient is in an exhausted nervous state (extremes of climate are particularly noted as accountable for this), and the vaso-motor control is consequently lowered. He is then exposed to some strong peripheral irritation or shock, *e.g.* cold. The impression so produced is conveyed by the afferent fibres of the sympathetic in the pharyngeal mucous membrane to their central cells in the superior sympathetic ganglion, and through these exhausted centres produces a vaso-inhibitory action by means of the efferent sympathetic fibres going to the pharyngeal vessels, which under the circumstances is not soon replaced by a healthy tonic reaction. There is persistent local inflammation of low type.

The paretic muscular condition is similarly explained. The vaso-inhibitory action extends to those vessels which supply nerves, as the vagus (vasa nervorum), and receive their vaso-motor fibres from the centre originally impressed by the peripheral irritation. Hence pharyngeal muscular paralysis, and a heart soon exhausted by rapid action unqualified by vagal control.

The contagiousness of diphtheria is treated on a different hypothesis. The infective element is supposed to be a modified constituent of normal tissue—namely, a lymphoid cell. A layer of these has been described by Luschka as found in the mucous tissue of the pharynx. According to the new theory of diphtheria, these undergo abnormally rapid development in the inflammatory process, and, on being shed at the mucous surface, many—probably almost as soon as formed—become the infective particles of the diphtheritic membrane, and are capable of exciting in any suitable—*i.e.* atonic raw or mucous surface—the train of changes to which they owe their morbid characters.

There is a good deal in the history of diphtheria which gives support to the vaso-dilator view of its causation. Thus, it has been frequently observed that persons from some cause enfeebled are readily affected by it; and common experience has shown that vaso-motor changes are particularly associated with a physique impaired by over-exertion or underfeeding—witness the drained constitutions which are the subjects of hysteria. Moreover, the occurrence of the disease sporadically, it would appear—in high and dry localities exposed to winds, and presumably well ventilated—suggests a climatic agency.

Moreover, the view of lymphoid cell contagion is in certain points allied to that which recognises the action of specific disease-germs, to which the communicability of diphtheria is now commonly ascribed. All these organisms alike belong to that low grade of vegeto-animal life which is characterised by the mutability of its forms, and no less by their apparently unlimited powers of self-propagation. Buchner held, with some reason, that the harmless hay-bacillus became, when bred in animal substances, identical with the highly infective bacillus of anthrax. The small-pox germ, conversely, has been found, on successive propagation through the cow, to become innocuous. The question may naturally suggest itself, Is it not possible for a lymphoid cell in a state of abnormal activity of growth to become a morbid excitant of oversensitive tissues? Perhaps the strongest argument in support of this view is to be

found in the phenomenon of 'malignancy.' No bacterial clue to this condition has been demonstrated; but, instead, the rapidly growing cell-elements of the parent tumour reproduce its like in distant parts, and even, according to Dr. Creighton, infect normal gland-cells so as to make them take on a morbid action.

But it must be remembered that the only part of the new diphtheritic theory which rests upon proof, is that which describes the process of local congestion, the method of the disease. This is simply a history of inflammation, and is characteristic of that change in other than the diphtheritic state. We do not deny that apparently simple sore-throats found in the same house with diphtheria are suggestive of a common origin; but the concurrence is explicable on other theories than the purely vaso-motor, and we require to have it shown why, if atony and exposure constitute the causes of diphtheria, most feeble persons who have tonsillitic throats from exposure do not exhibit the other symptoms and characteristic sequelæ of that disease.

With regard to the lymphoid element of contagion and its effects on tissues favourable to its development, proof is wanting. No doubt the mucous tissue abounds in such elements, but the presence of bacilli and spores, especially in diseased states, has also been often demonstrated. By which of these means is the disease propagated? Which is the essential irritant of afferent nerve-fibres? In other infective diseases, as tubercle and anthrax, recent observation has shown beyond doubt that this power resides in the bacilli; and though investigation has not proceeded so far in regard to the exanthemata of diphtheria, still the persistence of specific peculiarities in each of these disorders, the transference of these unchanged from subject to subject, and the want of clear proof of the existence of hybrid diseases, support the view that in every such infective morbid state the essential agent is a special foreign germ, able to bring about in the animal body its own peculiar pathological state. How far this germ owes its characters to its habitat, and communicates a condition of which it is itself the subject rather than the primary cause, remains still open to question.

The means of contagion is therefore the point which has still to be settled in regard to diphtheria; and so far, we must admit that the bulk of evidence goes to show that this consists in some form of bacterium. Neurotic influence is the admitted method by which any form of germ can produce its local manifestations; but it has not yet been shown to be in diphtheria more than the mode of action of an undetermined cause.

B. G. MORISON, M.B.

ARTICLE 436.

VOHSEN ON ACUTE RHEUMATISM IN CHILDHOOD.*

DR. VOHSEN, within the limits of a brief paper, excellently summarises our present knowledge of acute articular rheumatism, without, however, adding much that is new. Concerning the vexed question of etiology, he is forced to confess that our information has not kept pace with our knowledge of the general course of the disease or its complications. He refers to the influence of cold as a cause, through arrest of skin-action, and the consequent retention in the blood of lactic acid and potash salts. Referring to the general opinion that acute rheumatism is not an infectious malady, he quotes Hirsch, to the effect that it frequently occurs in an epidemic form, and so independently of recognised external causes as to almost assume the character of an acute infectious disease.

The author goes on, in confirmation of this view, to give the results of twenty cases under his own observation from the years 1873 to 1881 inclusive, half of which occurred in the first half of 1880, the remainder being about equally distributed over the rest of the time. Lebert's experience in Zurich is somewhat in the same direction; the yearly average of about forty cases suddenly increasing to about sixty-two in 1857. The discovery by von Recklinghausen of micrococci in a case of acute articular rheumatism is referred to, as being in favour of the infectious nature of the disease; and, on the other hand, the favourable therapeutic results which follow the administration of salicylate of soda are regarded by many as presumptive evidence of its infectious character.

The author considers the relationship of chorea to acute rheumatism, and its associated endocarditis, as still an open question, notwithstanding the extensive discussion that has taken place. As illustrative of very opposite experiences, he quotes Steiner, who found only four of 252 cases of chorea that were associated with rheumatism; whilst Sée, among 77,500 sick children, met with 48 cases of rheumatism and 67 of rheumatism and chorea. Roger, whilst believing in an interdependence of rheumatism, heart-disease, and chorea, nevertheless discriminates between a rheumatic, a cardiac, and a rheumatico-cardiac form of the last-named malady. Bouteille records an exceptional case of the occurrence of chorea in a man 80 years old; but it is especially characteristic of the rheumatism of childhood, and, according to Soltmann, mostly occurs between the ages of 7 and 14 years.

Of the twenty cases which formed the basis of the author's experience, only one was complicated with a mild chorea, and in that an acute infectious disease developed in the course of the rheumatism.

Von Meynet, and subsequently Hirschsprung and others, have described numerous small tumours of the size of a pea, and larger, in the neighbourhood of the affected joints, disappearing after a short time. Single examples of the rarer complications, 'peliosis rheumatica,' and 'erythema nodosum,' were met with in the twenty cases; and the author's experience goes to show that there is no complication of rheumatism of joints occurring in adults which is not met with in children, whilst he is not aware that the paralysis of the ocular muscles, which is occasionally known to follow the repeated rheumatism of the grown-up, has been found in children.

The average duration of mild cases in adults appears to be about two to three weeks, and in children five to eighteen days.

Passing to the very important question of the relationship of heart-complications to acute rheumatism, the author criticises at some length the claim of Bouillaud, who is generally credited with having been the first to point this out in 1836. That some connection does exist, is undoubted. Lebert, in 140 cases of rheumatism of joints, noted thirty-three with acute heart-complication. Von Dusch, out of forty-five cases of endocarditis, traced twenty to rheuma-

* *Jahrbuch für Kinderheilkunde*, Vol. xix., Part I.

tism. Of the author's twenty cases nine presented endocarditis, two of which exhibited pericarditis also; of these he gives a detailed record, and the *post mortem* appearances of four.

The ages of the cases were between 9 and 14 years, and five were boys. The heart-complication commenced in the first week of the rheumatism in two of the children, in the second week in three, and the remainder in the fourth and fifth week.

The temperature never exceeded 103°, and the swelling of the joints was very slight; the pain, however, being generally severe.

Dr. Vohsen thus formulates our present knowledge of this subject.

1. In almost half the cases of rheumatism of joints there occur endocarditis, and, later, valvular defects.

2. The mitral valve and the pericardium appear to suffer most frequently, and endocarditis is usually developed in the first week of the disease.

3. Whilst salicylate of soda exerts a most beneficial effect in relieving the affections of the joints, it has no influence on the course of the heart-complications.

4. The mildest form of rheumatism of joints, as shown by slight fever, little swelling, and very transient pain, seems especially to predispose to heart-complication, and hence indicates the necessity for careful examination in the mildest cases.

What determines the heart-complications in acute rheumatism still remains most uncertain. No reason can be assigned on anatomical or physiological grounds for the only peculiarities of the infantile heart, viz., the nodules of Albinus situated at the cardiac orifices of the veins, and the relative narrowness of the aorta at the opening of the ductus Botalli. These are most marked during the first year of life, when acute rheumatism and endocarditis are of most exceptional occurrence. Bouchut, from an experience of 200 necropsies, concludes that nine-tenths of children dying with febrile affections have endocarditis.

A possible explanation of the problem may be found in looking at acute rheumatism as an infectious disease, and regarding the infantile heart as possessed of slight resisting power to the virus of the infection; and the figures of Von Dusch lend some support to this view, for out of forty-five cases of endocarditis fifteen were idiopathic, twenty were associated with acute rheumatism, and the remainder with distinct infectious diseases. The fundamental similarity in structure of the endocardium and the synovial membranes, may account for the frequency of both being the sites of the structural manifestation of the virus.

Dr. Vohsen, in favouring this view, dwells on the frequent semi-epidemic character of acute rheumatism, and the well ascertained relationship between endocarditis and the recognised acute infectious diseases. W. H. Allchin, M.B.

Article 437.

KÜMMELL ON CORROSIVE SUBLIMATE AS AN ANTISEPTIC SURGICAL DRESSING.

Dr. Kümmell, of Hamburg (*Centralbl. für Chirurg.*, No. 29, 1882), has for some time used corrosive sublimate in surgical dressings with excellent results, basing his practice on Koch's recommendation of that substance as a most powerful antiseptic, even in very dilute solutions. As disinfectant fluids, simple solutions (as 1 in 1,000) have been used in large quantities, and so far indications of the action of the mercury on the system (very transient salivation), have been observed in only two debilitated patients. Sublimate solutions, like 1 in 20 solution of carbolic acid, make the hands rough and harsh, but without producing tingling or anæsthesia.

The carbolic solution is used only for the spray, and to disinfect those instruments which are attacked and blunted by the sublimate. Sponges and compresses lie constantly in a 0·1 per cent. sublimate solution, and all the dressing materials are prepared with the same substance. Sublimate *silk* is prepared by boiling the raw material for two hours in a 1 per cent. solution; it is then kept in a 0·1 per cent. solution. An excellent sublimate *catgut* also is prepared by placing the catgut for twelve hours in a 1 per cent. watery solution, rolling it tightly up and preserving it in a 0·25 per cent. spirituous solution of sublimate to which 10 per cent. of glycerine is added.

Sublimate *cotton* and sublimate *gauze* are prepared as directed below.

To provide a dressing which might be disinfected by means of heat or the mineral acids, and rendered antiseptic by corrosive sublimate, which should readily absorb wound secretions and have the additional virtue of cheapness, inorganic materials have been used, namely, sand, ashes, and glass-wool.

Ordinary white quartz *sand* is employed; it is thoroughly heated in a crucible and prepared as directed below. This is applied after the fashion of iodoform as an antiseptic powder. Thus, wound-cavities may be filled with it, and covered in with a few layers of sublimate gauze and a bandage; or the wound may be stitched, drained with the capillary glass drains, covered with the glass-wool and a thick sprinkling of the sand, the gauze and bandage. This dressing is applicable in cases of operation wounds about the extremities and head, abscesses, fistulæ, &c.

When the glass and sand dressing cannot be conveniently applied, the *ash cushion* is useful. Ordinary coal-ash is prepared as directed below, and enclosed in thin cotton bags. The cushions are made in five sizes, from 12 to 40 square centrimètres. They sit closely on even the most irregular surfaces, and exercise slight compression.

The glass-wool is prepared as directed below. It is easily cleaned and disinfected by means of concentrated acids; and its absorbent power, due to its action as a surface drain, confers on it many advantages over the ordinary protective.

The glass-wool (or glass-silk), plaited in various thicknesses, forms excellent drains. Its fibres are exceedingly slender, and take up so little room in the tissues as never to lead to the formation of a drain canal; union takes place immediately they are removed; their capillary action is continuous, and is not interrupted by any kind of dressing (sand, gauze, &c.), and will bring discharge to the surface even vertically from the bottom of a cavity. In certain situations, where counter-incisions cannot be made, they are invaluable—as after removal of large cervical tumours which reach down behind the sternum, and in the drainage of Douglas's space. Nevertheless, they are suited only for aseptic wounds; for purulent fluids, the old drainage-tubes are necessary.

Inorganic dressings are easily used. The glass

drain is inserted, a thin layer of glass-wool is placed over the wound, then one or two small slightly damped ash-cushions, and over all a large ash-cushion, kept in place by a tolerably firm gauze bandage. The first dressing is retained till the wound is presumably healed; in about seven to ten days, in small wounds earlier, the dressing is changed and the glass drain at once removed, and a further dressing of sand or a cushion at once applied; this last dressing remains till the wound is definitively closed.

Pyrexia is usually unknown in such cases, and 'aseptic wound-fever' is more rarely observed than with any other antiseptic dressing: union by first intention occurs with a certainty and regularity unheard of under even the strictest Listerian treatment; drain-fistulæ have not yet been met with, nor has eczema of the skin, from this dressing and treatment.

Kümmell has obtained union by first intention in very short periods in this way: in thirteen days in an amputation in the thigh, five to eight days in herniotomies, in fourteen days in smaller necrotomies.

The materials named above are obtainable everywhere, and are very cheap. The sublimate for 100 litres of the strong solution costs about 7*d.*; the ætherial solution of sublimate used to prepare 10 kilogrammes of sand costs about the same sum; the preparation of 25 kilogrammes of sublimate ash costs rather more than a halfpenny; the materials needed for two dressings of a typical thigh amputation, including bandages and sublimate solution, cost less than 1*s.*; for herniotomies, about 5*d.*

Since the introduction of this method of dressing in that part of the Hamburg Hospital where it is employed, no disease due to wound-infection has attacked a patient so treated; formerly such diseases were there 'frightfully' frequent.

The two points the author insists on in carrying out this treatment are: strict primary antisepsis, down even to the minutest details, and the retention of the first dressing as long as possible, till the wound is presumably healed.

The following directions are given for the preparation of the inorganic dressings.

The Ash Cushions.—1. The sewed bags are washed with green soap and soda, rinsed first in clean water, and then in solution of corrosive sublimate (1 in 1,000), dried, and packed away in suitable boxes. 2. About one day before they are filled these bags are soaked in solution No. i., wrung out, and hung up to dry on a rope, which also previously had been washed in sublimate solution. 3. Ten kilogrammes of the ashes, carefully passed through a sieve, are weighed out and gradually added, with constant stirring, to one litre of sublimate solution No. i. 4. The bags, filled with ashes to the prescribed thickness, are stitched up with thread soaked in sublimate solution (1 in 1,000). The large sized cushions, Nos. i., ii., and iii., are not stitched across; No. iv. has one cross row of stitches; No. v. two such rows crossing each other; while No. vi. has several such rows. The prepared cushions are then stored away in a close-fitting tin box.

Sublimate Sand.—Ten kilogrammes of sand, thoroughly roasted and passed through a fine sieve, are slowly stirred up in 100 grammes of an ethereal solution of corrosive sublimate, No. iv. (10·0 sublimate: 100·0 ether).

Sublimate Gauze and Cotton.—Cotton-wool (as prepared for dressings) is soaked in the sublimate solution No. ii., in an enamelled iron vessel, passed through a wringing machine, wrapped up in rolls, and dried for several hours in the air, or in a hot air chamber. The gauze is prepared in a similar way, but directly after the wringing out is cut up in pieces of six metres length, and placed in layers in a tin box.

Glass-Wool and Glass-Drains.—The glass-drains are made of four sizes, and are plaited in three strands; these, as well as the glass-wool, are kept in a 1 per cent. sublimate solution. Before beginning the preparations of these dressings, the glass table, and every other vessel to be used, must be washed out with sublimate solution No. iii.

Sublimate Solution.—No. i. Sublimate, 25·0; distilled water, 4475·0; glycerine, 500·0. No. ii. Sublimate, 10·0; rectified spirit, 4490·0; glycerine, 500·0. No. iii. Sublimate, 5·0; distilled water, 5000·0, No. iv. Sublimate, 100·0; sulphuric ether, 1000·0.

Article 438.

FINGER ON MILIARY TUBERCULOSIS OF THE MUCOUS MEMBRANE OF THE MOUTH.

Dr. Ernst Finger (*Allgem. Wien. Med. Zeit.*, 1883, Nos. 4 and 5) records three cases of acute tubercular ulceration of the mucous membrane of the mouth, and appends a minute description of the microscopic characters of the lesion, which in some points differ widely from those hitherto recorded by Virchow and others. In all the cases, tubercular disease of the lungs was diagnosed during life and verified after death, and in two of them bacilli could be demonstrated by Koch's method.

In his first case, Dr. Finger found extensive ulceration on the right side of the mouth, invading the gums and occupying nearly the whole of the buccal mucous membrane on that side; a second smaller ulcer was situated on the lower lip close to its margin. The surface of these ulcers was flat, shallow, and slightly granular with irregular points of secretion; the edges were clearly defined and irregularly crenated.

In the tissue round the ulcers, and in places in the edges of the ulcers themselves, were scattered numerous small nodules varying in size from that of a small pin's head to that of a millet-seed, and of a greyish white colour, almost transparent. The mucous membrane in which they were embedded was intensely injected, but otherwise unaltered.

As the disease progressed, these patches of ulceration showed no tendency to healing, but rather increased as the small nodules successively softened and broke down, forming confluent ulcers of similar character, fresh tubercular nodules becoming in their turn developed around them. Examined microscopically when removed *post mortem*, these patches of ulceration showed the whole submucous tissue, and the muscular tissue to a considerable depth, invaded by small cells. In this infiltrated area, pushing aside the connective tissue and the muscular bundles, were a considerable number of larger or smaller miliary tubercles with one or more giant-cells, and a reticulum stuffed with epithelioid and granulation-cells. Besides these, however, certain changes were observed in the small salivary glands. Upon the authority of Professor Virchow, the opinion had

always been held that these glands enjoyed immunity from tubercular infection. Here, however, Dr. Finger was able to prove without doubt the occurrence of miliary tubercles in the salivary glands of the lip, partially or completely filling up the acini. 'While, on the one hand, the thickening of the septa, the profuse nuclear proliferation in the connective tissue forming them, left no room for doubt that such changes were associated with the formation of the tubercle, I found, on the other hand, many sections that pointed clearly to the active participation of the parenchyma also. It was at once strikingly apparent that many of the acini were not filled with the large, light, non-nucleated normal corpuscles, but with that form of small, richly granular, nucleated cells, very susceptible to staining fluids, which are normally confined in a semilunar arrangement to the margin of the acinus, and which (according to Heidenhain) completely fill up the alveoli when the glands are irritated. In many alveoli, these small cells were no longer regularly distributed but irregularly crowded together, and showed division of nuclei, whilst some other alveoli appeared to be stuffed with still smaller cells, irregularly distributed, but similar in appearance to the others.' In many of the sections the septa were not found to be much affected, even where the alveoli were packed with granulation-cells; and hence he considers that the latter must be directly due to changes in the parenchyma of the glands.

In a second case, the diagnosis was less easy. The seat of the ulceration was the tongue, and many of its characters pointed in equal degree to a diagnosis of syphilis or cancer. The subsequent occurrence of miliary tubercles around it rendered its nature evident, and indicated its similarity to the case previously recorded. On microscopic examination, however, no such similarity was found. In this case, only a dense infiltration of all the neighbouring tissues with a small-celled growth could be demonstrated; neither reticulum, giant-cells, nor anything indicative of tubercle being present. The muscular fibres and glandular tissues of the tongue showed no active changes, but simple degeneration in the infiltrated areas.

A third case presented a strong feature of interest in the fact that the tubercular ulceration was seated at the angle of the mouth, partly invading the mucous membrane of the lip and partly the neighbouring skin. Extending completely round it, however, was a ring of intense hyperæmia; but on the mucous surface the tiny transparent tubercles were clearly defined, whilst in the skin the surface was covered with scales. In his remarks upon these three cases, and especially with reference to the differential diagnosis of the affection, Dr. Finger calls special attention to the acute inflammatory nature of the tubercular form of ulceration, whether in the skin or in the mucous membrane of the mouth.

E. Clifford Beale, M.B.

Article 439.

OLLIER ON SUBPERIOSTEAL DISARTICULATIONS.

The following *résumé* is given at the conclusion of an original memoir by Professor Ollier on subperiosteal disarticulations and amputations (*Revue de Chirurgie*, Nos. 7–12).

1. Amputations practised with a periosteal flap or cuff (*manchette*), though they have not always furnished results differing very much from those of ordinary amputations, are in these days of antiseptic dressings attended with results more conformable to such as surgeons have been led by experiment to expect. They favour immediate union, but in young subjects they are liable in certain regions to result in inconvenient osteophytic formations. In adults, subperiosteal amputation is not likely to cause this unsatisfactory result.

2. Subperiosteal amputation in the continuity of a bone, with preservation of the whole of the periosteal sheath and of the peripheral tissues beyond the limits of the section of the bone, gives rise in young subjects to the formation of an osseous mass, which is very useful for maintaining the length and solidity of the stump.

3. All disarticulations, with the exception of those practised for relapsing neoplastic lesions (osteo-sarcoma, medullary cancer, &c.), ought to be performed by the subperiosteal method. Traumatic lesions and gun-shot wounds furnish the most favourable conditions for the application of this operative method.

4. These disarticulations are to be practised on the same principles as those by which we are guided in subperiosteal resections. The incisions practised in this latter class of operations will serve in the disarticulation of most of the bones, whether the surgeon amputate after having attempted to perform resection or proceed at once to disarticulate.

5. Subperiosteal disarticulations have great advantages over the older methods of resection, with regard to the performance of the operation. In cases where, for some reason or other, the surgeon cannot have recourse to artificial exsanguification, he can operate with but little loss of blood. The hæmorrhage is always less severe than in operations by the older method, in which large flaps are formed and thick masses of soft parts cut through. In stripping away the soft parts from the bone, the surgeon is able to preserve all the elements that are useful for the constitution of a thick, well-padded, and even stump. In infants and young subjects one may obtain, by preserving the periosteum, a new and movable bone in the stump, and thus considerably improve the orthopædic result of the operation.

6. In subperiosteal disarticulations the wounds are limited by a fibrous membrane, which circumscribes the injury and forms a barrier against diffuse inflammations. All other things being equal, they are less dangerous than ordinary amputations, which leave a more extensive and irregular wound, since in subperiosteal disarticulations the flap is formed directly from the muscular mass, and the bone can be carefully dissected out; whilst in the older methods of amputation the muscular spaces are freely opened, and there is a risk of cutting vessels and nerves longitudinally. Moreover, the surgeon, in this latter class of operations, sacrifices healthy tissues which would have served to form part of the stump.

7. Of almost impossible application before the discovery of surgical anæsthesia, in consequence of the time they require and of the pain which they would cause to the patient, subperiosteal disarticulations cannot be met with any objection at the present day, since the question of the duration of an operation has become one of quite secondary importance.

8. In subperiosteal disarticulations, only a bistoury and raspatory are required, and a small knife, which

will be found useful in the last stage of the operation (section of the soft parts). The use of large knives should be abandoned in such operations.

9. Although the longitudinal incisions of subperiosteal resections may serve in a general manner for subperiosteal disarticulations, it will be found advisable to modify these to a slight extent in the latter operations. The bone should be approached in the readiest and most direct way, without any attempt being made, as in resections, to maintain the integrity of the muscles surrounding the articulation.

10. A circular operation is most suitable in performing subperiosteal resection. The wound is less extensive, and the bleeding surface is reduced to the surface of transverse section of the flesh and to the surface of the periosteal sheath.

11. If, as in cases of neoplastic lesions of osseous or periosteal origin, it be found necessary to abstain from performing subperiosteal resection, the surgeon should have recourse to periosteal resection; that is to say, he should, in separating the soft parts from the bone, follow the external aspect of the periosteum. In cases of malignant new growth, the knife should be applied as far as possible from the bone, in order to guard against local relapse.

12. In the majority of subperiosteal disarticulations (shoulder, hip, elbow), it is necessary to attack the joint as speedily as possible, in order to open the capsule and displace the end of the long bone. This having been exposed and stripped of its periosteum, the soft parts are to be completely divided. In other regions (knee) it is better to separate the soft parts in the first place, and to cut the flaps before disarticulating.

W. JOHNSON SMITH.

ARTICLE 440.

SCHWIMMER ON NEUROPATHIC AFFECTIONS OF THE SKIN.

DR. ERNST SCHWIMMER of Buda-Pesth, in a comprehensive work on this subject, records and discusses the most recent advances which a more extended knowledge of the physiology of the nervous system has made in the study of dermatology. Although the parasitic factor in the etiology of skin-disease becomes daily more universally studied and recognised, he shows clearly that a very considerable group of affections exists, which cannot be held to have a parasitic origin, but must be due solely to a nervous cause. Too little stress, he considers, has been hitherto laid on the part played by the sympathetic nervous system in the production of skin-affections. It must be recognised as the regulator and to some extent the motor power which presides over vegetative life; and its influence is exercised by means of the vaso-motor fibres on the one hand, and by the trophic fibres, whose seat must be sought in the medulla and in the sympathetic ganglia, on the other. Neuropathic skin-affections, therefore, he separates into three principal groups:—(1) vaso-motor affections, which may occur in simple or compound forms; (2) trophoneurotic affections; (3) idioneurotic affections. The chief symptom of the first of these is the localised hyperæmia of the skin, the hyperæmic blush. The cause of a general or localised hyperæmia must either be regarded as an irritation of the vaso-dilator fibres, or as an inhibition of the vaso-constrictor fibres. The simple forms of angeioneurotic skin-affections, whether due to central or to peripheral causes, never lead to any disturbance of nutrition.

In the category of compound vaso-motor affections he classes, amongst others, urticaria, the forms of erythema produced by certain drugs, and those which are known to accompany some diseases of the generative organs. The trophoneurotic affections he divides into sections as follows:—

1. Affections of the cutis, diffuse, papular, vesicular, vascular, and ulcerative;

2. Affections of the subcutaneous cellular tissue, in which he places œdema and elephantiasis Arabum;

3. Constitutional affections, such as local or general sclerema, atrophy, myxœdema, leprosy, ichthyosis;

4. New growths, neuromata, and neuro-fibromata;

5. Anomalies of pigmentation—excess or deficiency of pigment;

6. Affections of the sweat-glands, hair, and nails.

The class of idioneurotic affections deals chiefly with disturbance of the sensory functions, hyperæsthesia and anæsthesia. Hitherto no definite histological changes have been found to explain them.

In the treatment of the various neuropathic skin-affections, he assigns a prominent place to electricity, and especially the constant current. The merits of atropin, pilocarpin, ergotin, and arsenic are also discussed.

The work deals with all these various points in much detail, and is rendered interesting by the clearness of its style, no less than by the numerous original and foreign observations which have been collated. Without desiring to found a new system of dermatology, the author has done good service in bringing together and discussing so complete a summary of modern views upon this subject.

E. CLIFFORD BEALE, M.B.

ARTICLE 441.

ROE ON INTERNAL ŒSOPHAGOTOMY.

INTERNAL œsophagotomy is an operation that would appear to deserve more attention than it has hitherto received. Like internal urethrotomy, the class of cases for which it is suitable is no doubt limited; but in suitable cases, judging from the few operations that have as yet been performed, it contrasts favourably both with external œsophagotomy and with gastrostomy. Dr. Roe has recently operated twice in this way, and in a very interesting paper in the *New York Medical Record* (Nov. 11 and 18, 1882) collects the hitherto published cases, which, including his own, amount to only fifteen. Eight of these were performed in France, three in Germany, one in Denmark, one in England, and two in the United States. In these fifteen cases there have been nine recoveries and six deaths; but in only two of these does death appear to have been the direct result of the operation (Czerny's and Mackenzie's); and in these the walls of the œsophagus were penetrated and cut through too deeply. Of the four other cases of death, two were caused by peritonitis; which was, however, shown at the necropsy to have no connection with the operation. Of the remaining two (Schiltz's), in one a lower and tighter stricture was not divided, to which the patient ultimately succumbed; and in the other the stricture was of a cancerous nature, and the benefit therefore only temporary.

The operation resembles internal urethrotomy,

and is performed with an instrument essentially an urethrotome, modified and adapted to the œsophagus. The first operators used an œsophagotome with two blades; the recent ones (including Dr. Roe) an instrument with a single blade only. The stricture has been divided both from above downwards, and from below upwards, the latter method appearing to be preferable. Before operating, the œsophagus should be thoroughly explored; and the situation, extent, and character of the stricture, if possible, determined. For estimating the situation and length of the stricture, the author has invented 'a set of metallic bulbs mounted on a gum elastic stem. These he finds of advantage in some cases on account of their weight, as they will drop down the œsophagus by their own gravity; and, having a very flexible stem, will sometimes indicate the condition and location of a stricture more accurately than a light ball mounted on a whalebone stem, which is necessarily more or less rigid. For determining the side on which a stricture is located, or is deepest, he employs an olive which he has made with the bulb entirely on one side. At the upper end of the handle is an indicator, to show the side towards which the bulb is directed when introduced into the œsophagus. By passing the instrument gently up and down, each time turning it partly round, the side on which it meets the greatest resistance will be indicated as the side on which the stricture is deepest. The length of the stricture is measured and marked on the stem of the œsophagotome, taking the upper incisor teeth as the point from which to measure. These points having been determined, the œsophagotome is introduced until the upper mark on the stem indicates that the blade has passed through the stricture. The blade is now thrown out, and the instrument drawn back until the second mark shows that the blade has cut through the stricture. The blade is then drawn in, and the instrument withdrawn.' If the stricture be found to be deeper on one side, the blade is turned to that side. To avoid complete division of the œsophageal walls, two or three shallow incisions in different situations are to be preferred to a single deep one. In one of the author's cases, he made as many as six. For the first few days, the patient should be fed entirely by the rectum. Dilatation may begin the day following the operation, the size of the bougie being increased until the full dimension of the œsophagus is reached; and, as in stricture of the urethra, it is advisable to pass a bougie occasionally to prevent recontraction. The attendant complications and dangers that have hitherto been noted are the following:—complete division of the wall of the œsophagus, hæmorrhage, pneumonia, dyspnœa, emphysema, œsophagitis. The worst of these is penetration of the walls, and consequent escape of blood and other substances into the surrounding parts, leading to the formation of peri-œsophageal, mediastinal and pleural abscesses. Hæmorrhage, although usually slight, in two cases was the cause of much anxiety for a time, and appeared to be the result of too deep an incision.

The operation is contra-indicated in all cases where the walls of the stricture are atrophied or contracted, so as to greatly reduce the external circumference of the œsophagus; or where the narrowing of the tube is produced by diseased conditions located in the walls or by pressure from without. It is especially contra-indicated in malignant disease. It should, of course, only be resorted to where patient dilatation with the sound has failed, and should never be attempted if a sound cannot be passed through the stricture. The class of cases in which it is especially suitable are those in which the stricture is composed of tissue of so elastic a nature that, while it can be dilated up to a certain point, it quickly contracts to its former calibre. This condition of the stricture was found in both of the patients on whom Dr. Roe operated. The first, a woman aged 24, had suffered from dysphagia for upwards of seven years, no cause for the stricture being discoverable. The second was a boy aged 8, and in him the stricture was the result of swallowing a caustic liquid. In both patients, dilatation with œsophageal sounds had failed. In the first patient, the stricture was situated three inches from the commencement of the œsophagus, and was about half-an-inch in length. A saccular dilatation existed immediately above it. A single incision was made through it posteriorly, after which a bougie, No. 18 English size, could be readily passed. The stricture recontracted, and in a month's time had to be redivided by making two incisions, one on each side of the former, but not quite so deep. The stricture now appeared to yield entirely, and in three or four days was dilated to the full size of the œsophagus, and the patient began to take solid food. In the second case, the stricture was situated at the lower part of the tube. A shallow incision was made through the posterior wall, and repeated at intervals of four or five days, until six in all had been made. The opening, says Dr. Roe, is now permanently free, admitting a bougie 15 millimètres in diameter, and swallowing is unobstructed.

W. J. Walsham.

Article 442.

DE WECKER AND MOURA BRAZIL ON THE USE OF JEQUIRITY IN EYE-DISEASES.

This remedy was first brought before European practitioners by De Wecker in the *Annales d'Oculistique* for July-August 1882. The seeds of the jequirity plant, the *Abrus precatorius*, have been since a long time employed by the natives in some parts of Brazil in ocular affections. This method of treatment was first made known to De Wecker by one of his old patients, who, subsequently to his return home to Brazil from Paris, suffered a fresh outbreak of granular conjunctivitis, from which he was much relieved by the use of this drug.

The directions given were to soak for twenty-four hours 32 grains of the powdered seeds in 1,000 grammes of water. The patient bathes his eyes with the filtered product thrice daily for three days, at the end of which time he has become the subject of a severe conjunctivitis, which may be either purulent or more allied to the diphtheritic form. By the fifteenth day the inflammation ceases, and the granulations are found to be much diminished in size, or even destroyed.

The same author presents in the *Annales d'Oculistique* for November-December 1882 an article on the ophthalmia produced by jequirity.

From numerous experiments he draws the following conclusions. 1. Without doubt, jequirity produces a purulent or even diphtheritic conjunctivitis, whose intensity can be readily regulated by the strength of the solution employed and the number of its applications. The strength may be anything

between that given in the paper just referred to, and 10 grammes in 500 grammes of cold water. 2. The cornea runs no risk during the use of this remedy. It is true that in one case he has seen it suffer slightly and temporarily, but this was only when the applications had been pushed to such an extent that a membrane of the true diphtheritic appearance was produced. 3. The ophthalmia of jequirity cures granulations rapidly, and it is less unpleasant and less dangerous than that produced by the intentional inoculation of blennorrhœic matter.

He thinks that the ophthalmia of jequirity, which subsides spontaneously after eight to twelve days, can only be effectively produced while the patient resides within the walls of a hospital. Its curative effect on granulations and on corneal opacities goes on for a very considerable period subsequent to the inoculation.

In the same number Dr. Moura Brazil, of Rio de Janeiro, discusses the treatment of granular conjunctivitis by jequirity. It appears that as early as 1867 Dr. Castro y Silva, of Ceará, published a memoir in which he speaks of the dangers attendant on the injudicious use of jequirity, so that it must even then have been well known in some districts of Brazil. The mode of preparation appears to have been as follows. The ripe seeds were soaked in cold water in the proportion of 1 to 700 for two or three days, or in boiling water for a few hours. Afterwards the embryos alone were picked out, reduced to fine powder, and then macerated for twenty-four hours. The infusion was finally filtered, and applied thrice daily between the lids for three days.

Dr. Moura Brazil records his own experiments on rabbits, which certainly show that under certain circumstances the inflammation may become violent and even quite uncontrollable. An infusion of the seeds in the proportion of one to twenty produced a severe diphtheritic conjunctivitis, followed, notwithstanding all treatment, by destruction of the cornea and suppurative panophthalmitis. Using the radicle and gemmule without the cotyledons, he found the inflammation less intense, though still beyond what he wished. In his treatment of patients with granular lids he has used it with great advantage at all stages of this affection, using the seeds freed from their covering and from the radicle and gemmule, in the proportion of one in twenty. He is clear in strongly recommending its use as beneficial in all stages of granular ophthalmia, and as infinitely superior to inoculation with blennorrhœic matter.

W. A. BRAILEY, M.D.

ARTICLE 443.

WEISS ON SPASTIC PARAPLEGIA.

DR. N. WEISS, of Vienna, says (*Wiener Medizin. Wochenschrift*, Feb. 17 and 24, 1883) that spastic paraplegia is the name given by Erb to Charcot's 'tabes spasmodique.' According to both authors, it is a primary disease of the spinal cord, and presents the following symptoms.

In the early stage there is a paralytic condition of one or both legs, followed by a hypertonic condition of the affected muscles, producing eventually contractions and great rigidity, especially of the adductors and extensors. The tendon-reflexes are much exaggerated in these muscles, the knee-phenomenon being occasionally produced in both legs by tapping one ligamentum patellæ. In extreme cases forced flexion of the foot produces a peculiar tremor of the muscles of the extremity. The tremor arises at times without evident cause, and frequently accompanies any movement of the patient. The gait is peculiar, and has been described by Erb under the name of the spastic gait.

These positive symptoms are not conclusive, unless accompanied by the following negative symptoms. Sensations, objective and subjective, are not affected; there is usually no affection of the bladder or rectum; the involved muscles do not become atrophied; there is no lesion of the skin, &c.; and, finally, no signs of cerebral affection.

The disease is very slow, lasting for years, or even decades, without threatening life. The anatomical lesion is considered to be a sclerosis of the crossed pyramidal tract.

This view is grounded on a case of Charcot's of a woman suffering from hysteria who presented the above symptoms. On *post mortem* examination, there was found a sclerosis of the postero-lateral columns. It is also supported by the fact of the occurrence of these symptoms in cases of degeneration of the lateral columns, secondary to cerebral hemiplegia or myelitis; also by the symptoms of amyotrophic lateral sclerosis.

Since Charcot's publication, several cases have been brought forward as examples of this disease. The first was by Charcot himself; and in this case there was shown after death to be not a lateral sclerosis but multiple cerebro-spinal scleroses, viz., in the crura cerebri and in medulla oblongata, in the cervical, lateral, and posterior columns, and in the dorsal lateral columns.

In 1877 Professor Stoffella, of Vienna, brought forward the case of a woman, aged 78, who had suffered for a long time with the above-mentioned symptoms. Professor Klob found after death a sclerosis affecting the whole cord, but especially the lateral and posterior columns. In this case the cord was not thoroughly examined with the microscope, and the brain was not examined at all.

In the same year Leyden published a series of cases all presenting the above symptoms, and found *post mortem* to present a variety of lesion, but none of them simple lateral sclerosis.

Three similar cases were described in 1879 by R. Schultz, none of them presenting the expected lesion. He concluded that up to that time no case of primary lateral sclerosis had been published, and that spastic symptoms might be produced by functional irritation of the lateral columns without anatomical lesion. In 1880, the same author published two more cases which at first presented symptoms of spastic paraplegia, but which afterwards developed symptoms respectively of pachymeningitis and transverse myelitis.

In the same year, Aufrecht published a case in which during life there had been at first spastic symptoms, and, later, affections of the sphincters without any sensory disturbances. After death, the lumbar lateral columns showed grey degeneration in their posterior half, the dorsal lateral columns were wholly degenerated, while the cervical lateral columns were unaffected. In the lumbar portions of the cord the anterior columns were altered in places, and the anterior columns presented but few ganglion cells.

In 1881, Morgan and Dreschfeld published the first case in which a primary lateral sclerosis had

ever been found after death. The case was of two years' standing, and presented symmetrical lesion in both lateral columns, especially in the dorsal region.

The author brings forward three cases which have come under his notice. In the first case a man, aged 55, had spastic symptoms for nine years, with some slowness of speech, no other nervous symptom. After death, there was found sclerosis of the crossed pyramidal tracts secondary to cerebral lesions. The second case is that of a man, aged 31, who presented spastic symptoms for nine months, followed by symptoms of compression. Caries of the dorsal vertebræ was found after death. In the third case, symptoms of spastic paraplegia existed for ten months, followed by symptoms of disseminated sclerosis.

He concludes that spastic paraplegia does exist, although much more rarely than some authorities would have one believe; and that, in the great majority of cases simulating it, the symptoms are due to a lesion of the lateral columns, which is either secondary or part of a more general lesion, but that in a few cases they are produced by a purely functional disturbance of these columns.

Herbert Milton.

Article 444.

BARIÉ ON THE CARDIO-PULMONARY SYMPTOMS CONSEQUENT UPON GASTRO-HEPATIC TROUBLES.

Dr. Barié sums up his researches (*Revue de Médecine*, February) as follows.

1. Certain dyspeptic conditions of stomachic, intestinal, or biliary origin react on the cardio-pulmonary apparatus, giving rise to morbid clinical phenomena, which may be grouped into four classes:

a. Cardiac symptoms only, as palpitation or intermittency.

b. Both pulmonary and cardiac symptoms. As regards the former, there is more or less powerful oppression, extending even to orthopnœa, with impending suffocation, which supervenes almost immediately after food, and ceases when digestion is accomplished; to reappear, however, after the next meal. As regards the latter, there is right cardiac dilatation, entailing sometimes secondary tricuspid insufficiency, with its clinical consequences. Physical examination reveals a galloping rhythm of the right ventricle and marked accentuation of the pulmonary second sound, due to increased arterial tension in the pulmonary circulation. During the attack of dyspnœa, moreover, the pulse is small, soft, and compressible; there are cyanosis and coldness of the face and extremities, dilatation of the pupil, and at times some hæmoptysis.

c. Symptoms akin to angina pectoris.

d. In the last class, the symptoms are less marked. There is some slight panting after meals, with accentuation of the pulmonary second sound, but without discoverable cardiac dilatation.

These forms may occur separately, or run more or less into one another.

2. These phenomena result from reflex irritation, which, starting from the digestive tract (stomach, intestine, or biliary canals), is reflected to the lungs, whose capillaries are kept in a state of spasmodic contraction; the tension is suddenly increased throughout the pulmonary system, and the right ventricle, compelled to struggle against this obstacle, at first becomes dilated and then hypertrophied.

3. Experimental physiology would appear to demonstrate that these reflex phenomena are entirely under the control of the sympathetic system; but clinical experience nevertheless shows that the pneumogastric has at least some share in the centripetal transmission of impulses from the stomach or biliary passages to the reflex centre.

4. Cardio-pulmonary phenomena are observed only as consecutive upon the lighter affections of the digestive tract (catarrh of the stomach or bile-ducts, calculi, &c.); they are not met with in affections which disorganise the tissues, as diffused chronic inflammation or organic degeneration.

5. The phenomena principally occur in nervous and highly impressionable people, and in women rather than in men. The predisposing causes are neurotic, chlorotic, and hysterical temperaments.

6. The dyspeptic conditions principally associated with cardio-pulmonary troubles are—in the stomach, simple catarrh, and the dyspepsia consequent upon tubercular, renal, uterine, or cardiac affections; in the liver, catarrhal jaundice, biliary calculi, &c.

7. Generally, the prognosis is not grave, but those whose dietetic regimen is bad are subject to recurrent attacks. When, however, the exciting cause (arrest of a calculus in the common bile-duct, for instance) persists long enough to give rise to extreme dilatation of the right ventricle, tricuspid insufficiency may result, whence the patient may succumb to cardiac syncope.

8. A milk-diet is the only efficient remedy. Its effect in cases of gastric origin is marvellous; though, in those consequent upon hepatic trouble, its action is mediocre and uncertain.

K. W. Millican.

Article 445.

VOLTOLINI ON TWO PECULIAR AFFECTIONS OF THE EAR.

In the January number of the *Monatsschr. für Ohrenheilkunde*, Professor Voltolini describes two cases which may have interest for aural surgeons.

Case I.—A woman, 20 years of age, complained of a 'clapping' in both ears. At first this occurred only when she yawned, but soon accompanied the slightest motion on her part, such as speaking, or eating, and sometimes came on apart from any movement by the patient. This had continued for five or six years in the one ear, and from two to three years in both. She had consulted a surgeon, whose treatment by Politzer's method made her worse.

Professor Voltolini found that, when the clapping was present in the worse ear—the left—the whole posterior segment of the otherwise clear, but very thin, atrophic membrane was driven out, and in this sac-like protuberance there were many bladder-like points, somewhat like the foam of stale beer, when no connecting white froth is present. When the patient rarified the air in the cavity, the atrophic sac fell back against the wall of the labyrinth, and the noise ceased. On the slightest movement of the 'chewing organ,' such as opening the mouth, eating, &c., the noise returned, and the atrophic membrane was again blown out.

In the right ear, of which the patient did not complain so much, the posterior segment of the membrana tympani was dark blood-red, but not so atrophic as in the left. When this segment was distended outwards, the 'clapping' commenced.

The middle of the membrane was whitish-yellow, as when pus is behind it. In the dark-red portion small bubbles appeared. When the patient swallowed, the membrane at the moment of swallowing was seen to sink inwards, and the noise ceased.

The diagnosis made was dilatation of the Eustachian tube; which had gradually caused the atrophy and vaulting of the membrane, and therewith exudation in the cavity. The rhinoscope did not support this diagnosis, as the lips of the tube seemed more closed from above downwards than in the normal condition; but the easy passage of a 'D' sized catgut through the tube confirmed it.

The treatment consisted in slitting the left membrane, and by the air-douche emptying the cavity. This caused the symptoms at once to disappear. The explanation of the increase of the affection by Politzer's method was also clear.

In two days the patient returned, complaining of the recurrence of the noise. Professor Voltolini found that the incision in the membrane had almost closed, but was still pervious to the air-douche. He enlarged the incision, and drove air through it without causing a cessation of the clapping. Wishing to re-examine the conditions of the pharynx by the rhinoscope, he syringed cold water through the nose for the purpose of cleansing the parts, and was astonished to see the water pour from the left meatus. Examining the ear, he found that, even with the large artificial perforation present, the posterior segment was bulged outwards with each expiration, and fell back with each inspiration, in the act of swallowing and by the negative Valsalva's experiment. With the pronunciation of each vowel, the membrane made a small yet distinct excursion. With the articulation of *r*, it had a tremulous vibrating motion so long as it was expressed. In twenty-four hours the incision was closed, and the excursions were more limited, showing that the tension had been increased by the formation of the cicatrix. The right ear was incised in the same way, and with the same result.

Within a fortnight the symptoms returned, and the appearances and movements of the membranes were much the same, but in a less degree. A large perforation was made in the left membrane by means of the galvano-cautery. There was considerable discharge thereafter, but little reaction, and the patient went home to wait the cicatrisation. In twenty-one days the cicatrix was fully formed, but the noises had not entirely disappeared. Professor Voltolini determined to attempt the establishment of an opening behind the first cicatrix by means of the cautery. This was done, and as the patient had not appeared up to January, he concludes that she is contented with the result; but he promises further information when she appears.

The narrator considers that the above case affords a proof of what he has formerly affirmed, the free communication of the air in the tympanic cavity with that in the mouth.

[We hope to hear the results of the above case, should Professor Voltolini have the opportunity of obtaining them.—*Rep.*]

Case II.—The second case is one of those of inflammation of the tympanic membrane, accompanied by sensations similar to those which might be produced by an animal in the ear. As the observer saw no animal, but believed that he had discovered an exudation behind the membrane, he perforated it. The operation did not give exit to any exudation, but the sensations disappeared with the aid of the air-douche in a few days.

Professor Voltolini considers that the sensations spoken of in this case arose from inflammation of the membrane, or from certain conditions of tension of that organ. W. LAIDLAW PURVES.

ARTICLE 446.

DIANIN ON TRICHLORPHENOL AS AN ANTISEPTIC.

TRICHLORPHENOL was discovered in 1836 by A. Laurent, and its chemical properties have been afterwards studied by A. Hoffmann, Piria, M. Vogel, A. Faust, and F. Sintenis. This body is represented by the formula $C_6H_2Cl_3OH$; in other words, it is phenol, in which H_3 is replaced by Cl_3. Trichlorphenol is easily soluble in alcohol, ether, and bisulphuretted carbon, but with difficulty in water (only 1 in 116), its solutions being of acid reaction. It crystallises in fine silky needles, melting at 67 or 68° Cent., and with bases forms salt-like bodies of constant composition, of which are as yet known those of ammonium, potassium, magnium, calcium, barium, lead, and silver. Dr. V. Dianin (*St. Petersb. Inaug. Dissertation*, 1882) prepares trichlorphenol by a new method of his own, which, in rough outlines, consists in gradual addition of a saturated solution of chlorinated lime to a saturated solution of carbolic acid; the filtrate contains trichlorphenate of calcium kept in solution by chloride of calcium. The voluminous colourless precipitate obtained in this liquid from the addition of hydrochloric acid is pure trichlorphenol. For his experiments carried out at Professor A. P. Borodin's laboratory and at Professor P. P. Pelechin's clinic, the author used trichlorphenol either in substance, or in 5 per cent. alcohol and glycerine solution (℞ Trichlorphenol, ʒv., Spir. vini q.s. ad solutionem, Glycerini lb. j.), or in the shape of lime-salt, the preparation of which is extremely easy. (℞ Solut. acidi carbolici (4 per cent.) lb. j., solut. chloret. calcis lb. v. Mix and filter). The fluid received represents nearly one per cent. solution of trichlorphenate of lime, and may be safely used for all clinical purposes, or, if desirable, may be diluted with boiled water to the degree required. From his studies, the author arrives at the following conclusions. 1. Trichlorphenol possesses antiseptic properties which are about twenty-five times greater than those of carbolic acid. 2. Weak solutions of trichlorphenol or its salts (0·02 per cent.) completely check the alcoholic fermentation. A marked retardation of the latter is caused already by 0·006 per cent. solutions. The alkaline decomposition of urine is arrested by 0·25 per cent. solutions. 3. In cases of extensive gangrenous processes, as well as in those complicated by hospital gangrene, trichlorphenol acts as a powerful antiseptic remedy, which far excels phenol, thymol, salicylic acid, chlorinated lime, manganese salts, &c. 4. At the same time, trichlorphenol is a powerful deodoriser. 5. It produces no irritating effect on the tissues, even when used in a strong solution; in substance, it displays a mild cauterising action on wounded and ulcerated surfaces.

To prove and illustrate these assertions, the author furnishes details of eighteen well-selected cases of his own. In addition, he mentions the excellent results obtained by Dr. N. G. Rubetz in five cases of phagedænic chancres by the application (thrice a

day) of a 2·5 per cent. glycerine solution of trichlorphenol. In all the cases, the ulcers lost their phagedænic appearance by the fifth day of treatment.

V. Idelson, M.D.

SURGERY.

RECENT PAPERS.

447. Thompson.—Drainage in Chronic Cystitis and Confirmed Prostatic Retention of Urine. (*Brit. Med. Jour.*, Dec. 1882, p. 1131.)

448. Teevan.—Sir Henry Thompson's Operation for some cases of Retention. (*Brit. Med. Jour.*, Jan. 1883, p. 132.)

449. Sanctuary.—Sponge-grafting. (*Brit. Med. Jour.*, Dec. 1882, p. 1202.)

450. Blanc.—Trephining in Depressed Fracture of the Skull. (*Lancet*, Dec. 1812, p. 1023.)

451. Goldsmith.—Recovery from a Fish-hook in the Œsophagus. (*Lancet*, Nov. 1882, p. 745.)

452. Wells.—Mesenteric Cysts and Tumours. (*Brit. Med. Jour.*, Dec. 1882, p. 1138.)

453. Barker.—Compound Fracture of the Femur and Amputation of the Thigh. (*Brit. Med. Jour.*, Jan. 1883, p. 100.)

454. May.—Injury and Obstruction to the Ureter. (*Ibid.*, Jan, 1883, p. 108.)

455. Wood.—Hysterical Breast. (*Med. Times and Gazette*, Jan. 1883, p. 76.)

456. Whitson.—The Radical Cure of Inguinal Hernia. (*Ibid.*, Jan. 1883, p. 91.)

457. Thornton,—Two Cases of Hepatotomy for Hydatids. (*Med. Times and Gazette*, Jan. 1883, p. 89.)

458. Jackson.—Recovery after Rupture of the Bladder. (*Lancet*, Feb. 1883, p. 231.)

459. Oliver.—The Illumination of Internal Cavities by Means of the Electric Light. (*Ibid.*, Jan. 1883, p. 152.)

460. Goldie.—Ankylosis of the Hip-Joint treated by Section of the Femur. (*Ibid.*, Jan. 1883, p. 155.)

461. Quénu.—Nephrectomy. (*Archiv. Gén. de Méd.*, No. 12, 1882.)

462. Ashhurst.—Avulsion of an Enlarged Lobe of the Prostate. (*Philadelphia Med. Times*, Dec. 2, 1882.)

463. Verneuil.—The Treatment of Fistula in Ano. (*Société de Chir.*)

464. Peters.—Litholapaxy through the Perinæum. (*Annals of Anat. and Surg.*, No. 1, 1883.)

465. Volkmann, Richard.—Attempt at an Operative Treatment of Ozæna Fœtida Simplex. (*Centralbl. für Chirurgie*, 1882, No. 5, and *Mediz.-Chirurg. Rundschau.*)

466. Michael.—An Instrument for Treating Strictures of the Pharynx. (*Illustrirte Monatsschr. der ärztlichen Polytechnik*, March 1882; and *Annales des Malad. de l'Oreille, du Larynx, &c.*, Sept. 1882.)

467. Diakonoff, P. T.—On a Case of Foreign Body in the Nasal Cavity. (*Vratch*, 1882, No. 18, p. 290.)

468. Allis.—The Cure of Hip-Joint Disease. (*Philad. Med. Times*, Dec. 1882.)

469. Johnston.—Forty Inches of Bowel passed per Rectum: Recovery. (*Maryland Med. Jour.*)

470. Byrd.—Treatment of Fracture of the Clavicle. (*Med. News.*)

471. Conklin.—Impacted Fracture of the Neck of the Femur, with Invasion of the Foot. (*Columbus Med. Jour.*, Nov. 1882.)

472. Leistikoff.—Injections of Corrosive Sublimate in Gonorrhœa. *Deutsche Med. Zeit.*, Sept. 7, 1882.)

Art. 447. *Thompson on Drainage in Chronic Cystitis and Confirmed Prostatic Retention of Urine.* Sir Henry Thompson in the *Brit. Med. Jour.*, Dec. 1882, p. 1131, gives some notes on a mode of affording permanent relief to intractable chronic cystitis and to confirmed prostatic retention of urine. It is in those cases in which the patient, having for years relied entirely on the use of a catheter for the removal of all his urine, finds the bladder becoming so intolerant of its contents, that the act of catheterism has to be repeated about every hour, that Sir Henry Thompson has performed the following operation. The patient is placed in the lithotomy position, under ether, a grooved median staff is passed into the bladder, and a vertical incision is made just above the anus, large enough only to admit the index finger—the incision to terminate in the staff at the membranous portion of the urethra. A No. 20 (English scale) vulcanised catheter, with its extremity just in the bladder, is inserted in the wound and fastened by tapes; this is retained for several days, and the bladder has a complete rest. By this means the bladder can be explored, so that its condition and contents can be thoroughly ascertained.

448. *Teevan on Sir H. Thompson's New Operation for Some Cases of Retention.*—In the *Brit. Med. Jour.*, Jan. 1882, p. 132, Mr. W. F. Teevan gives the following extracts from one of his Lettsomian lectures, delivered in 1880, when explaining his views of treatment in such cases as those described by Sir Henry Thompson. 'I think incisions of lateral lithotomy are unnecessarily severe for the purpose, which can be equally attained by external urethrotomy, with which operation I have contented myself and allowed all the urine to run away through a soft tube. . . . the object being to treat the bladder as a suppurating sore and give it physiological rest. . . . It is wonderful to see the immediate relief which such an operation affords. . . . I consider that, whenever auto-catheterism is becoming increasingly difficult and frequent, the time for action has arrived.' (*Vide Lancet*, April 1880, p. 593.) Sir Henry Thompson's reply to Mr. Teevan is to be found at p. 182 of the journal, and there he emphatically denies that the two operations have anything in common.

449. *Sanctuary on Sponge-grafting.*—Dr. Sanctuary, in the *Brit. Med. Jour.*, Dec. 1882, p. 1202, records three cases in which he has tried sponge-grafting with success. In one case, the wound was on the under surface of the penis, and healed in ten days; the other cases were wounds of the fingers, and healed in about three weeks. In order to obtain good results from sponge-grafting it is necessary to use the finest Turkey sponge, and to apply firm pressure. Dr. Sanctuary remarks that in two sets of cases there is adhesion of sponge where it is not intended; (1) When bleeding cavities are stuffed with sponge, as in excision of the eyeball; (2) Where sponge-tents have been used to dilate the cervix uteri, and have been left in longer than usual. Mr. James Ferguson, of Perth, proposes a modification by using the sponge only for a few days until the surface is granulating healthily.

450. *Blanc on Trephining in Depressed Fracture of the Skull.*—Dr. Blanc, in the *Lancet*, Dec. 1882, p. 1023, gives the notes of three cases of depressed fracture of the skull in which he trephined with success. The first case was depressed fracture of the frontal bone, with slight contusion of the brain. Seven days after the accident the patient was suddenly seized with progressive facial paralysis, dyspnœa, &c. These symptoms led him to trephine, and to remove the fragments of the bone. The

success was marked. The second case was one in which a wedge-shaped piece of bone got under the parietal bone, and caused compression of the brain with paralysis, which passed off soon after removing the fragment. The third case is one where there was severe concussion of the brain, with laceration and contusion of the meninges, which assumed a serious aspect until the fragments were removed.

451. *Goldsmith on Recovery from a Fish-hook in the Œsophagus.*—Dr. Goldsmith in the *Lancet*, Nov. 1882, p. 745, reports the case of a lad, aged 10, who was admitted into the Bradford infirmary eleven hours after having swallowed a fish-hook. He suffered only from pain over the episternal notch; there was a piece of catgut protruding from the mouth. The patient being under chloroform, a piece of silk ligature was tied to the end of the gut, and a fine wire to the end of the silk, and a full-sized œsophageal bougie directed thereby to the bend of the hook; here slight resistance was felt, but was easily overcome by pressure; the bougie and hook were carefully withdrawn with little or no trouble. The hook proved to be a No. 6 perch, and the gut was nine and a half inches long.

452. *Wells on Mesenteric Cysts and Tumours.*—Mr. Spencer Wells, in the *Brit. Med. Jour.*, Dec. 1882, p. 1138, notes how rarely one meets with cases of mesenteric cysts or tumours, and mentions two cases which he has lately seen; in one case an operation was performed and the exact situation of the tumour thus ascertained. The tumour was solid, and had its origin in the cellular tissue at the root of the mesentery proper, near the lumbar vertebræ. The operation was done under antiseptics, and the patient made a rapid recovery. The nature of the tumour had not been ascertained when Mr. Wells communicated his notes.—[In the *Medical Digest*, Section 1001 : 5, a case by M. Tillaux, where excision was performed, is noted. *Rep.*]

453. *Barker on a Case of Compound Fracture of the Femur and Amputation of the Thigh.*—Mr. A. Barker, in the *Brit. Med. Jour.*, Jan. 1883, p. 100, gives the notes of a case of a man, aged 29, who fell from a roof and received a compound fracture of the femur a little below its middle. The limb was dressed according to Listerian principles, and placed on a bracketed splint. About ten days after the accident the temperature rose to 103°, and the patient vomited frequently; pus also was found in the wound, and counter-openings had to be made. Carboluria was also present; dressings of boracic acid and oakum were therefore applied. About a month after the accident erysipelas set in, and in a few days several pyæmic abscesses were discovered in various parts of the body, the most serious one being in the right elbow-joint. Ten weeks elapsed, and the patient was gradually sinking from prolonged and profuse discharge. Mr. Barker then decided to amputate the limb a little above the middle. The operation was hindered several times owing to the weak condition of the patient, but with the help of stimulants the pulse was maintained in a fair condition. The stump was dressed with lint dipped in carbolic oil overlaid with salicylic wool, and progressed favourably for some weeks; but, after four months from the commencement of treatment, Mr. Barker detected another comminuted fracture higher up, and determined to remove the remainder of the shaft of the femur by enlarging a wound which existed on the outer side of the thigh, thus enabling him to exarticulate at the hip-joint, removing the remaining portion of shaft through the wound, without producing much shock to the weakened condition of the patient. After this operation the patient rapidly improved, and left the hospital at the end of six months walking on crutches. He is now fat and healthy-looking, and has a long boneless stump which gives him no trouble. His right elbow is completely ankylosed.

454. *May on a Case of Injury and Obstruction to the Ureter.*—Mr. Bennett May, in the *Brit. Med. Jour.* of Jan. 1883, p. 108, gives the notes of a case of injury to the kidney. A man, aged 24, was admitted into hospital, having been found in a drunken state, and complaining that he had been kicked about the body. He complained of great pain in the lower part of the abdomen, and on the second day after admission he strained a great deal to pass urine, but was unable to do so. A catheter was passed, and about twenty ounces of nearly pure blood were drawn off. After this, he passed blood and urine without the use of the catheter. On the fourth day, the patient was suddenly seized with intense pain in the left side, and after this the urine was free from blood. The left flank was dull to percussion, and some fulness was noticed. On the seventh day, another paroxysm of pain came on, resembling that due to renal calculus, and Mr. May believed that the ureter of the left kidney was blocked by a clot of blood. He accordingly had the patient put under chloroform, and introduced a long fine needle at the outer edge of the erector spinæ, in a direction upwards and outwards through the substance of the kidney, and aimed for the pelvis. He succeeded in drawing off nearly seven ounces of blood and urinous fluid, identical to that which had been removed from the bladder the day after the accident. The patient was quite easy after this operation, and passed urine freely, which was blood-stained. For the next few days, the urine became less blood-stained, and all traces of blood disappeared altogether by the twelfth day, the patient leaving the hospital apparently well on the seventeenth day. Some weeks afterwards, Mr. May learnt that the man was an inmate of another hospital, and he was permitted to examine him there. He found a hard indurated swelling deep in the left iliac fossa, and the thigh on that side was flexed on to the abdomen, thus showing that the obstruction to the urine had been caused by the ureter having been torn, and bloody urine having been extravasated into the surrounding tissues, thus causing pressure on the ureter, which was relieved by tapping.

455. *Wood on Hysterical Breast.*—In the *Med. Times and Gazette*, Jan. 1883, p. 76, there is an abstract of a lecture by Prof. H. C. Wood. Reference is made to a case (a woman, aged 24) where there had been some talk of amputating the breast for tumour, whereas the enlargement was due to a neurotic affection. Cases of neurotic breast are usually quite amenable to treatment. In many cases a galvanic current will rapidly bring relief. At the same time, general treatment is necessary, paying special attention to any disorder of the intestinal tract. The surgeon should not try to treat the debility with tonics, but by finding out the cause of the debility, and remove it.

456. *Whitson on the Radical Cure of Inguinal Hernia.*—Dr. J. Whitson, in the *Med. Times and Gazette*, Jan. 1883, p. 91, gives the notes of an operation he performed for the cure of inguinal hernia. A fold of skin over the inguinal ring was transfixed,

and a cut made outwards; the various structures over the mouth of the canal were then divided on a director, until the sac was reached, when it was opened, and a large portion of it removed. Wood's needle, threaded with the strongest chromicised catgut, was then passed through the upper and outer sides of the ring, carried over towards the inner pillar; and, when brought into contact with the skin on that side, the latter was pulled away in the direction of the mesian line, so as to permit the exit of the point of the needle at the opening already made. Three separate sutures were thus applied, and the pillars of the ring were then firmly approximated by tightening the sutures; the cut edges of the sac also being carefully stitched together with catgut. The margins of the wound were brought together with button sutures, and fine catgut stitches, leaving only a small aperture for a drainage-tube. The patient made a rapid recovery, and was dismissed cured about five weeks after the operation.

457. *Thornton on Two Cases of Hepatotomy for Hydatids.*—Mr. Knowsley Thornton, in the *Med. Times and Gazette*, Jan. 1883, p. 89, reports two cases of hydatids of the liver in which he performed hepatotomy. The two cases were similar, in that a tumour appeared in both patients when they were young, which progressed slowly, and was long before it seriously inconvenienced them or affected their general health. But they differed in that in one case several cysts existed, some of which were caused by aspiration, but after the fifth tapping suppuration set in, and the operation was only done to try to save life; the patient, however, dying thirty-one hours after the operation. In the second case, the cyst was single, and free exit was given. No drainage was attempted, and no irritant introduced to cause concretion. The whole cavity contracted in a few weeks, without interfering with the normal action of the liver-tissue. The operation in the second case was conducted under strict Listerism, and demonstrates what nature can do when simply protected from outside interference.

458. *Jackson on Recovery after Rupture of the Bladder.*—In the *Lancet*, Feb. 1883, p. 231, Mr. Vincent Jackson records the case of a man, aged 24, who fell upon the handle of a trolly, such as railway porters use, which tore his trousers and entered the rectum, wounding the bladder. A catheter was tied in, but most of the urine passed by the rectum until the seventh day, when much passed through the catheter, and after fourteen days the whole. [This case illustrates the axiom of Dr. Sims, that abdominal gunshot and other wounds are deprived of most of their danger if the rectum be involved, so that there may be free drainage, and thus much of the risk from septicæmia be avoided.—*Vide Brit. Med. Journal*, Feb. 1882, pp. 223, 261.—*Rep.*]

459. *Oliver on the Illumination of Internal Cavities by means of the Electric Light.*—Dr. Oliver, in the *Brit. Med. Jour.*, Jan. 1883, p. 152, writes showing how, by means of Mr. Payne's improved electric light appliances, he was able to observe the condition of the interior of a hydatid cyst in the liver, after abdominal section had been performed to evacuate the contents of the cyst. A small Swan's lamp was passed down a tube leading into the cavity, and connected with a four-celled Léclanche battery.

460. *Goldie on Ankylosis of the Hip-Joint Treated by Section of the Femur.*—Mr. Goldie, in the *Brit. Med. Jour.*, Jan. 1883, p. 155, gives notes of a case of a boy who was afflicted with strumous disease of the hip-joint, and was treated for four years by every means possible for improvement in his general health; the result being that at the end of that time this was markedly improved, but the right leg was ankylosed in a most awkward position. Mr. Goldie now decided to perform osteotomy. This was done in February 1882. The femur was fractured below the trochanter major, and the leg straightened; splints were applied, then plaster of Paris; and, in October 1882, the patient was discharged, able to walk and to take part in the sports of his playmates.

RICHARD NEALE, M.D.

461. *Quénu on Nephrectomy.*—In concluding a critical review on nephrectomy (*Arch. Gén. de Méd.*, No. 12, 1882) M. E. Quénu, of Paris, points out that this operation differs from extirpation of the cancerous larynx or uterus in possessing the immense superiority of procuring for the patient, when it is indicated and succeeds, a decided and permanent cure. Questionable, even unjustifiable, in cases of cancer, sarcoma, or tuberculosis of the kidney, nephrectomy forces itself upon the surgeon as the only effective method of treating certain renal or ureteric fistulæ. This operation is indicated in certain cases of cystic growth of hydronephrosis, of pyonephrosis, and of pyelitis, and of certain injuries to the kidney. It is quite justifiable in cases of floating kidney, when the intensity of the pain renders the patient's life intolerable, or when some special complication due to displacement of the organ creates an imminent danger. With regard to the operation itself, nephrectomy, M. Quénu holds, has been brought almost to perfection. Further studies in connection with this subject should be directed towards perfecting the diagnosis of renal diseases, and laying down with precision the special operative indications in each.

462. *Ashhurst on Avulsion of an Enlarged Lobe of the Prostate.*—A case is reported in the *Philadelphia Medical Times*, Dec. 2, 1882, in which Professor Ashhurst, after removal by median lithotomy of a detached portion of a soft French catheter from the bladder of a gentleman, aged 61 years, twisted off with forceps a projecting irregular growth, about the size of the first joint of the thumb, springing from the prostate, and almost completely occluding the internal orifice of the urethra. Notwithstanding free consecutive hæmorrhage, the patient rapidly convalesced. On the twenty-fourth day the wound was healed, and the patient was free from pain, able to hold his urine two or three hours at a time, and to urinate in a full stream without the aid of the catheter. The result in this case, Dr. Ashhurst states, was eminently satisfactory. Except for the consecutive bleeding, which, some hours after the operation, necessitated plugging of the wound, the patient had really not a single unfavourable symptom. The operation not only relieved the patient from the immediate source of danger—the detached portion of catheter in the bladder and the consequent cystitis, but effected a radical cure of his long-standing chronic ailment—urinary retention from enlargement of the prostate. It is suggested that a case like this opens a wide field for discussion as to the possible propriety of employing operative measures in advanced examples of prostatic disease, even without the implication of a foreign body or calculus in the bladder. For cases of ordinary hypertrophy, where the use of the catheter is painless and efficient, no doubt an operation would be un-

desirable; but there are some instances of median enlargement in which the suffering is really very great, and in which the ordinary treatment amounts, in fact, to little more than the classical 'meditation upon death,' in which Professor Ashhurst cannot but think that the surgeon would be justified in at least submitting the question of operation to the patient.

463. *Verneuil on the Treatment of Fistula in Ano.*—During a discussion at the Société de Chirurgie in October last on a paper communicated by Dr. Queirel, of Marseilles, M. Verneuil argued that the elastic ligature—though probably suitable in cases of small anal fistula, without diverticula or undermining—had no advantages over the thermo-cautery, by which the division could be rapidly effected. The bistoury, he holds, ought to be abandoned in the treatment of anal fistula, as it exposes the patient to the risks of hæmorrhage and erysipelas. The thermo-cautery never causes primary and is rarely followed by secondary hæmorrhage. In the use of the ligature, the patient is not free from the risk of secondary hæmorrhage. Relapse is to be feared in one or other of two different conditions. Most frequently it occurs as a consequence of an incomplete operation. In phthisical subjects relapse takes place, no matter what method has been employed. With the ligature the operation is likely to be incomplete; for, in order to remove the fistula, it is necessary to follow all its prolongations. If each of these be treated by a ligature, the operation becomes more complicated than an application of the thermo-cautery. One of the disadvantages of the ligature is the pain to which it gives rise. A young woman to whom Verneuil applied a ligature for the treatment of fistula, after three nights of insomnia through intense pain, died ten days later from pneumonia. M. Verneuil thinks that patients as a rule are not able to follow their occupations during the treatment by ligature; besides, he would not under any circumstances permit any patient to move about for some days during such treatment. In a diabetic patient, M. Verneuil would prefer the use of the actual cautery to that of the bistoury or of the ligature. The ligature, it is held, is impracticable in many cases in which the fistula is long and the walls are thick, and when there are many prolongations. It will, of course, be preferred by timid subjects, but in employing the thermo-cautery the surgeon can always use chloroform.

464. *Peters on Litholapaxy through the Perinæum.*—The following case was reported by Dr. George A. Peters to the New York Surgical Society in November last (*Ann. of Anat. and Surg.*, No. 1, 1883). The patient was a boy, ten years of age, who had suffered from symptoms of vesical calculus for five years. On examining the bladder with a Thompson's searcher, Dr. Peters readily detected a stone, which was estimated to be of large size, hard, and rough. After the patient had been placed on the table, bimanual examination, with one finger on the rectum and pressure made above the pubes, detected a stone in the bladder; it was then estimated to be about an inch in length. Dr. Peters decided on performing the median operation with some modifications, and through the opening thus made in the urethra to crush and remove the fragments. The modification consisted in making the incision through the skin and soft parts, and then introducing the knife in the usual manner, touching the groove in the staff and dividing the urethra. On the introduction of forceps into the bladder with the expectation of being able to crush the stone, this was found to be at least 1¾ inches in diameter, and the instrument proved too weak to break it. Considerable difficulty was then experienced in removing the forceps from the stone, as the bladder was empty and had contracted firmly. The forceps having been removed, a short lithotrite—made for crushing stone in the female bladder—was introduced; but, after the calculus had been grasped, it was found to be so large that the instrument could not be locked. Bigelow's large lithotrite was then introduced, and the stone was secured and crushed. Several of the large fragments were removed with the forceps, and the operation was completed with the scoop, passing it over every portion of the bladder. On introducing the finger, Dr. Peters found that the irritation produced by the operation had caused hour-glass contraction, and some fragments were shut up in the superior part of the bladder. Finally, however, the cavity was completely emptied. The fragments and detritus collected weighed 470 grains. During the subsequent course of the case, nothing of special importance occurred except a high temperature (105° F.) during the first part of the first twenty-four hours, but this readily yielded. On the seventh day the boy began to pass urine by the penis, and on the tenth day the urine was passed entirely in the normal manner. After this date, the case progressed favourably. Dr. Peters states that, should he again be called upon to operate in a similar case—that of a young bladder containing a large stone—he would perform litholapaxy through the perinæum in the following manner. Making an incision in the perinæum, he would enter the urethra a little in advance of the seat of ordinary median lithotomy, and by an incision only large enough to admit a lithotrite; then through that opening he would crush the stone and evacuate the fragments, as in ordinary rapid lithotrity, with Bigelow's apparatus.

W. JOHNSON SMITH.

465. *Volkmann on the Operative Treatment of Ozæna.*—In 1881 (*Centralbl. für Chirurgie*, 1882, No. 5) the author operated on two cases of simple fœtid ozæna, in young girls, by removal of the lower, and the greater part of the middle, turbinated bones. Disinfecting and astringent solutions, which had previously been used for months and years without effect, now caused the penetrating smell to disappear. In both patients the nose was naturally very narrow, the lower meatus being only permeable to very narrow instruments. The nose was at the same time asymmetrical, the vomer being bent and the turbinals nearly occluding the nostrils. In one case there was much velvety swelling and general injection of the nasal mucous membrane with abundant secretion; in the second there was cicatricial contraction with the formation of hard crusts. The method of operating is as follows. A strong concave gouge, of as large a size as possible, is introduced into the nostril, and, with due regard to the direction of the middle meatus, is pushed forcibly onwards by two or three thrusts of the hand, the concavity of the gouge being directed first inwards and then downwards. Any loose pieces of turbinated bone may afterwards be removed with forceps, and plugging be resorted to if there be much hæmorrhage.

466. *Michael on an Instrument for Treating Strictures of the Pharynx.*—Dr. Michael (*Illustrirte Monatsschr. der ärztlichen Polytechnik*, March 1882) in a case of stricture of the lower part of the

pharynx (the result of syphilitic contraction) employed with success a dilator made on the same principle as the three-branched vaginal speculum of Mathieu. E. Cresswell Baber, M.B.

467. *Diakonoff on a Case of Foreign Body in the Nose.*—Dr. P. T. Diakonoff, of Orel, details (*Vratch*, 1882, No. 18, p. 290) the case of a peasant woman, aged 50, from whom he extracted an iron tooth of a threshing-machine, which had been driven into her nasal cavity through the left nasal bone more than four years previously. The foreign body weighed 1,820 grains, and measured $5\frac{1}{2} \times 3 \times 1$ centimètres. It was found partly protruding out of the middle of the hard palate, and was easily removed by a long incision. The palatal process of the left maxillary bone and the left nasal conchæ were absent.

V. Idelson, M.D.

468. *Allis on the Cure of Hip-Joint Disease.*—Dr. O. H. Allis makes some practical remarks on this subject in the *Philadelphia Med. Times*. An eminent surgeon has said that nine-tenths of the cases can be perfectly cured, if taken in time. Granting this to be true, it is clinical experience that nine-tenths of the cases are not brought to the surgeon in the early stage. Dr. Allis divides every grade of the disease under two heads. In the first, or milder form, the manifestations are not such as to occasion alarm on the part of the patient or friends. There is slight lameness, and active sports, exercise, and vocation are precluded; finally, after months, the patient seeming to get neither better nor worse, the hip presents every evidence of recovery from hip-joint disease, but with fixation of the joint. In the second, or severer type, he includes all cases coming under observation with unmistakable evidence of highly destructive inflammation. The disease requires the most judicious surgical care to arrest it. Slowly but steadily the symptoms subside, health returns, and every evidence of local disturbance disappears, when an examination of the joint shows fixation. Fixation he believes to be Nature's best cure; and the question he asks is: 'Can cases that have passed through the inflammatory stage of hip-disease, in which the disease has been arrested and a cure established through fixation, be further redeemed and a movable joint established?' Clinical teaching answers in the affirmative. His own experience is in the negative. He reports three cases in which he attempted to redeem the hip when Nature had cured by fixation; two resulted in death, and the third patient escaped, but not until he had been dragged to the very verge of the grave by established surgical practice. In the discussion that followed the reading of this paper, Dr. Barton entirely endorsed the position taken by the writer; and Dr. Willard reported three cases in which violent and destructive inflammation had been awakened in long quiescent joints—in one case by an accident, in another by excessive dancing, in another by the surgeon's manipulation. Should the ankylosed position be one unfavourable for locomotion, he would practice osteotomy rather than run the risk of exciting destructive inflammation in a region where the tissues were unhealthy, and where there was really no sound joint-structure remaining.

469. *Johnston on Forty Inches of Bowel passed per Rectum, with Recovery.*—Dr. Christopher Johnston records (*Maryland Med. Jour.*) a case in which forty inches of intestine were passed through the rectum, by a lady. The patient was thirty-two years of age, married, and had one child about four years old; her health had always been delicate, and she had been subject to indigestion, constipation, and colic pains. The attack during which the bowel was passed began with acute epigastric pain, at first supposed to be due to cramp colic. There had been no action from the bowels for six or seven days, and a circumscribed hardness could be easily felt through the abdominal parietes. After three days, stercoraceous vomiting set in and continued three or four days; it was accompanied by some relief. At the end of the three or four days the sphacelated bowel, together with some of the omentum, was passed, followed by loose operations. Part of the specimen retained its tubular shape and contained fæces; another part passed mixed with fæces. The prostration during the attack was very great and death seemed imminent. She began to improve slowly and to regain her appetite after the discharge of the bowel, but had still occasional pains in the bowels, especially in connection with her evacuations. Six weeks after the attack she was able to sit up a little, and, though still feeble, was cheerful and expressed herself as feeling very well. The treatment pursued was cathartics, enemata, inflation, anodynes, &c. The notes of the case, as well as the specimen, were sent to Dr. Johnston by Dr. Wm. N. Saunders, under whose care it occurred. The specimen was supposed to be a portion of the ileum. Dr. Johnston has found the following cases of this accident reported. Pollock (*Holmes' Syst. of Surg.*, Vol. iv., p. 165) relates the case of a boy, aged five, sick four months, who passed eight inches of the ileum, the cæcum with the appendix vermiformis, and four inches of colon; also that of a youth, aged 18, sick twenty days, who is said to have passed many portions of intestine with 'skins.' Gross (*Syst. of Surg.*, sixth ed., Vol. ii., p. 623) mentions a case of the late Professor John Dawson, of Columbus, Ohio, a child aged six, who passed twenty-nine inches of colon. Dr. Van Buren saw five feet passed, and Dr. Peaslee the same. In thirty-five cases analysed by Dr. W. Thompson, the invaginated portion (intestine with mesentery) varied from six inches to three feet; of the thirty-five, twenty-two involved the small intestine alone, thirteen the large, or large and small together. The average duration was four or five weeks. All the cases referred to recovered.

470. *Byrd on the Treatment of Fracture of the Clavicle.*—Dr. Harvey L. Byrd, of Baltimore, in the *Medical News*, describes, figures, and advocates a new form of apparatus whereby he claims more certain results in fracture of the clavicle than can be gained by other means. Its object is especially to secure extension and counter-extension of the fragments. The apparatus is composed of two metallic plates, of sufficient size to cover the scapulæ of an adult person. These are connected together by means of a flat steel bar, to which is attached a lever, extending over and fronting the anterior apex of the shoulder, through the distal extremity of which passes a thumbscrew from before backwards, and to the end of which a concave metal plate is attached, with its concavity looking to the anterior apex of the shoulder. This lever is adapted for transference to either shoulder. Screws are used for keeping the several parts in their proper places, and to allow the adjustment of the apparatus to persons of different size. All parts of the instruments that come into contact with the surface of the body of the patient are nicely padded. All the necessary leverage for reducing the fracture and keeping the broken ends

of the bone in apposition, is obtained by means of the two plates in their action upon the inferior angles and dorsa of the scapulæ, which serve as fulcra for drawing and keeping the shoulders backwards, and for the attachment of the special lever for action, as necessary, upon the shoulder of the fractured side. Thus the shoulder-straps, attached by buckles to the superior and inferior lateral margins of the plates, may be so adjusted as to meet all the requirements of a majority of cases, without bringing the special lever for the shoulder into requisition at all; and when the ordinary sling is added for the comfortable support of the elbow and forearm, the usual bandage, axillary pad, &c., become entirely superfluous and unnecessary. Any amount of leverage that might be desired, however, can be readily added to the apparatus by attaching buckles to the inferior lateral margins of the plates, for securing and properly adjusting a piece of webbing around the front and sides of the chest.

471. *Conklin on Impacted Fracture of the Neck of the Femur, with Inversion of the Foot.*—Dr. W. J. Conklin, of Dayton, Ohio, reports in the *Columbus Med. Jour.* for Nov. 1882, the case of a large and fleshy but feeble woman, who, on the night of July 5, 1882, fell and injured her left hip. As nearly as could be ascertained, she fell backward and to the left, striking upon the great trochanter. She was unable to move without assistance; but, under the impression that it was only a bruise, domestic remedies were applied for a few days after the accident. When seen, she was in bed with the limb slightly flexed, rotated inwards, so that the patella faced the opposite thigh, and shortened to the extent of one inch. The position of the limb at once suggested a dislocation upon the dorsum ilii. A careful examination, however, showed that the head of the bone clearly rotated in the acetabulum, and that the trochanter moved with it. The left trochanter was distinctly nearer the anterior superior spinous process of the ilium than the right. Pain was caused by pressure over the trochanteric region, which seemed somewhat thicker than on the opposite side. Gentle traction had no effect in overcoming the shortening; moderate flexion gave but little pain. Crepitus was not obtained. An impacted fracture of the neck of the femur was diagnosed, and all manipulative efforts discontinued. She lingered for four weeks after the accident, and finally died from exhaustion. The inversion of the foot remained constant during the progress of the case. The *post mortem* examination showed that, as is usual in impacted fractures of the neck of the femur, the line of separation at the base corresponded with the anterior and posterior intertrochanteric ridges. In the specimen, the whole neck is strongly driven into the cancellated tissue of the trochanteric fragment, and forms somewhat less than a right angle with the shaft. The principal fracture on the anterior surface follows the intertrochanteric line to its termination in the linea aspera, about one inch and a half below the lesser trochanter; the neck is driven in so as to leave a fissure, about one-quarter of an inch in width, between it and the anterior wall. A small fissure begins immediately above the tubercle, and extends almost horizontally across the greater trochanter for a distance of one inch and a quarter. The principal fracture on the posterior surface corresponds with the posterior intertrochanteric line. The lesser trochanter is broken off and twisted inwards and forwards, evidently by the force of the impaction; the fracture communicates with that on the anterior surface. The tilting forward of this fragment leaves an irregular gap of more than an inch, at its greatest width, through which the impacted neck can be seen approaching the posterior surface and almost reaching the outer wall of the shaft. A narrow fissure runs from the upper margin of this gap along the great trochanter. The head of the femur is somewhat roughened, and an irregular collar of bone projects from the greater portion of the corona, evidently the result of chronic arthritis. Examples of this accident are of very infrequent occurrence. Professors R. W. Smith, Bigelow, and Hamilton have each met with but one case.

472. *Leistikoff on Injections of Corrosive Sublimate in Gonorrhœa.*—Dr. Leistikoff (*Deutsche Med. Zeitung*, Sept. 7, 1882) confirms the statements of Neisser as to the presence of a special bacterium in gonorrhœal discharges. In the first stage, when the discharge is thick and abundant, few of the bacteria can be seen. They are found in great numbers in the thin secretion of the later stages, sometimes in cases lasting a year. Leistikoff employs an injection of corrosive sublimate, which Koch has found most fatal to bacteria; a solution never stronger than 1 part to 20,000; in private practice, a still weaker solution of 1 part to 30,000. The injections are used three times a day, and continued three or four days after discharge has ceased. The bacteria disappear, or are greatly diminished in number, after one day's use of the injections, but return if the latter be discontinued too soon. Treatment by injections should not be begun until the acute inflammation has subsided.

MEDICINE.

RECENT PAPERS.

473. MARIE.—Hysterical Angina. (*Jour. de Méd. et de Chir. Prat.*, Feb. 1883.)

474. CHARCOT.—Incomplete Tabes. (*Jour. de Méd. et de Chir. Prat.*, Feb. 1883.)

475. WESTBROOK AND OTHERS.—Aspiration of the Heart. (*New York Med. Record*, Jan. 20 and 27, and Feb. 3.)

476. FIFIELD.—Idiopathic Endocarditis. (*Boston Med. and Surg. Jour.*, Jan. 11.)

477. SÉE, G.—Heart-Disease, from Hepatic and Gastric Affections. (*Boston Med. and Surg. Jour.*, No. 1, 1883.)

478. KUVSHINSKY, P. D., AND PASTOR, E. A.—On the Course of Temperature in Scarlet Fever. (*Botkin's Ejened. Klin. Gazeta*, 1883, Jan. 16, pp. 33–8).

479. STEPANOFF, IVAN.—On a Case of Carbunculus Internus. (*Vratch*, 1882, No. 22, pp. 367-68.)

480. BRIGIDI AND PACINOTTI.—The Relations of Cardiac Hypertrophy and Atrophied Kidney. (*Lo Sperimentale*, Aug. 1882.)

481. VIETA.—The Antagonism of Phthisis and Ague. (*El Genio Medico-Quirurgico*, Jan. 15, 1883.)

482. LOMON.—Erysipelas from the Dust of Dry Reeds. (*El Sentido Catolico en las Ciencias Med.*, Dec. 1882.)

483. SERRET.—On Vaccinia. (*El Siglo Medico*, Nov. 1882.)

484. SOKOLOWSKI.—The Local Treatment of Pulmonary Cavities. (*Deutsche Med. Wochensch.*, 1882, and *Centralbl. für die Med. Wiss.*, Dec. 23, 1882.)

485. STATTEN.—The Pathogenesis of Diabetes Insipidus. (*Centralbl. für die Med. Wiss.*, Feb. 3.)

486. DEININGER.—The Symptomatology of Oxyuris Vermicularis. (*Berliner Klin. Wochensch.*, Jan. 13.)

487. VETLESEN.—A Case of Persistent Pneumothorax. (*Centralbl. für die Med. Wiss.*, Feb. 5.)

Award of Merit—International Medical Exhibition, London, 1881.

THREE GOLD MEDALS.

TRADE Maltine MARK.

A Concentrated Extract of Malted Wheat, Oats, & Barley.

The Original and only Preparation composed of these three Cereals.

Prescribed by the most eminent members of the Medical Profession in the United Kingdom, America, India, China, and the Colonies, and largely used for patients at the principal Hospitals in preference to all other Extracts of Malt.

The word **MALTINE** is our Registered Trade Mark, and applies **solely** to our preparations.

In its preparation the temperature employed does not exceed 150 deg. Fahr, thereby retaining all the nutritive and digestive agents unimpaired. The German process, under which Extracts of Malt are made from Barley alone, directs that the mash be heated to 212 deg. Fahr., thereby coagulating the Albuminoids, and almost wholly destroying the starch digestive principle, Diastase.

LIST OF MALTINE PREPARATIONS.

MALTINE Plain
MALTINE with Hops
MALTINE with Alteratives
MALTINE with Beef and Iron
MALTINE with Cod-Liver Oil
MALTINE with Cod-Liver Oil and Pancreatine
MALTINE with Cod-liver Oil and Iodides.
MALTINE with Cod-liver Oil and Phosphorus
MALTINE with Cod-Liver Oil and Phosphates
MALTINE with Iodides
MALTINE with Hypophosphites
MALTINE with Phosphorus Comp.
MALTINE with Peptones
MALTINE with Pepsine and Pancreatine
MALTINE with Phosphates
MALTINE with Phosphates, Iron, and Quinia
MALTINE with Phos., Iron, Quinia, & Strychnia
MALTINE Ferrated
MALTINE WINE
MALTINE WINE with Pepsin and Pancreatine
MALTO-VERBINE
MALTO-VIBURNIN

NOTES AND QUERIES ON MALTINE.

Why does Maltine (malted wheat, oats, and barley) contain much larger proportions of Constructive and Nutritive properties than the best Extracts prepared from Barley alone?

Because Chemical Analysis has shown that Wheat and Oats contain much larger proportions of Albuminoids and Nitrogenous elements than Barley. Gluten, which is found very abundantly in Wheat, is the most nutritious element obtained from the Cereals, and the only vegetable substance that will support life indefinitely. Wheat contains from 15 to 35 per cent. of Gluten. Its proportion in other grains is insignificant. (*See Flint's Physiology of Man, p.* 52.) The Nitrogenous principles of Wheat and Oats, *when malted*, are more soluble than they are in Barley, and it is for this reason that dairymen will pay fivepence to sevenpence per bushel for the refuse of grains from malted Barley, whereas they will not accept the refuse grains from Malted Wheat and Oats as a gift.

'Wheat and Oats stand first among our list of Cereals in combining all the elements in proportions necessary to support animal life. They are especially rich in muscular and fat-producing elements. 'Baron VON LIEBIG.'

Why does Maltine contain much larger proportions of the digestive principle, Diastase, than the ordinary Extracts prepared from Barley alone?

Because the Gluten and Ceraline in the Malted Wheat have sufficient power to convert all the starch of the three Cereals into sugar, leaving the unemployed Diastase of the Wheat, Oats, and Barley in the Maltine. Gluten and Cerealine act as powerful ferments, transforming starch, first into dextrine, and then into sugar. (*See Flint's Physiology of Man, p.* 53, *and Watts' Dictionary of Chemistry, vol. i., p.* 657 : *vol. ii., pp.* 625 *and* 823.)

Drs. William Roberts and J. Milner-Fothergill recommend Maltine to be mixed with the food, or taken during the meal, to get the best effects of the digestive principle, Diastase.—*Practitioner*, January 1881.

We shall be pleased to furnish Samples of our preparations to any Medical Practitioner desiring them.

Maltine will keep perfectly in any climate or season of the year.

MALTINE and COMPOUNDS in Bottles containing 8 and 16 fluid ounces, equal in weight to 12 and 24 ounces, and in Winchester Quarts, 120 ounces in weight.

THE MALTINE MANUFACTURING COMPANY, LIMITED.
24 & 25, Hart Street, Bloomsbury, London, W.C.

'CARNRICK'S'

BEEF PEPTONOIDS

A Concentrated Powdered Extract of Beef, Partially Digested and Combined with an Equal Portion of Gluten.

We have pleasnre in presenting, for the consideration of the Medical Profession, 'CARNRICK'S' BEEF PEPTONOIDS. We consider this product a most valuable one, and feel confident it will be welcomed by the Profession in all parts of the world.

'CARNRICK'S' BEEF PEPTONOIDS contain *only the nutritive portions* of the beef. It contains *no water* and *no inert matter* of any kind. We combine the dry Extract of Beef with an equal *portion* of Gluten to prevent a tendency to deliquescence, and in order to present the preparation in a powdered and portable form. It is well known that Gluten is the most nutritious substance found in the Vegetable Kingdom, and in nutritive elements is closely allied to Beef.

Four ounces of 'CARNRICK'S' BEEF PEPTONOIDS represent as much nutritive and stimulating properties as forty-eight ounces of the best lean Beef.

Four ounces of 'CARNRICK'S' BEEF PEPTONOIDS contain more nutritive elements than ten pounds of any Extract made by Liebig's formula, and from four to six times more Albuminoids and Fibrinoids than any Beef Extract ever offered to the Medical Profession.

Our machinery and process for the production of BEEF PEPTONOIDS are perfectly adapted to the *elimination* of all inert portions of the Beef, and the *retention* of all the nutritive constituents.

'CARNRICK'S' BEEF PEPTONOIDS *is much less expensive than any other preparation in the market, as it contains neither water or inert matter.*

The favour our preparation of BEEF PEPTONOIDS received at the hands of Drs. Agnew, Bliss, Hamilton, Reyburn, Woodward, Barnes, &c., the corps of eminent Physicians, who employed the preparation with so much advantage in the treatment of the late President Garfield, proves conclusively its great value, not only as food to be taken by the mouth, but also how important an agent it has been found in feeding by the Rectum.

Please refer to the very able article of Dr. D. W. Bliss, in New York *Medical Record*, July 15, 1882, in which he so frequently refers to our BEEF PEPTONOIDS having been used to so great an advantage, not only in the case of the late President Garfield, but many others as well.

A reliable and experienced person is employed to select the Beeves before they are slaughtered, and to superintend the killing and dressing. Great care is exercised in this respect, and none except the most healthy and suitable Beeves are employed in making our BEEF PEPTONOIDS.

Every physician will appreciate the importance of this care, for an Extract made from diseased Beef would not only be deleterious, but would, in many cases, produce lasting injury and fatal results.

The use of BEEF PEPTONOIDS is indicated as follows :—

Convalescence from all diseases, Fevers, Pneumonia, Weak Digestion, Diarrhœa, Dysentery, Phthisis, Cholera Infantum, Marasmus, Sea Sickness, Excessive use of Alcoholic Stimulants. Per Rectum in all cases where the stomach cannot digest the food, and in debility resulting from any cause. Also a valuable adjunct in voyages and camp life.

We shall be pleased to have the Profession everywhere test the value of this Preparation, and for that purpose we shall be happy to send a sample to any regular practitioner desiring it; also circulars fully explanatory.

Thanking the Profession for generous support in the past, we beg to remain, very respectfully,

THE MALTINE MANUFACTURING COMPANY, LIMITED,

24 AND 25 HART STREET, BLOOMSBURY, LONDON, W.C.

TO BE OBTAINED FROM ALL LICENSED DEALERS.

SAUMUR CHAMPAGNES

"BRUT ROYAL" 36/- per Dozen 3/- per Bottle

"DRY ROYAL" 36/- per Dozen 3/- per Bottle

"As pure, wholesome, and exhilarating as the most expensive Champagnes."
—*London Medical Record.*

Shipped by ACKERMAN-LAURANCE
[Estarlished 1811]
SAUMUR FRANCE

SPECIMEN LABEL

BRAND ON CORK

BRANDS AND LABELS REGISTERED

THE

HUNGARIAN WINES

Of His Imperial and Royal Highness the Most Serene ARCHDUKE ALBRECHT are for the first time introduced into this country. The RED

KADARKA

AND

WHITE RIESLING,

24*s.* per dozen, are highly recommended. Sample Dozen Cases at 30*s.*, 37*s.*, and 55*s.* delivered free in every part of the Kingdom.

CAUTION.—The Bottles are protected by the seal of the Archducal Estate, without which none are genuine. Pamphlets free on application.

MAX GREGER & CO., Limited,

Wine Merchants to Her Majesty the Queen; Sole Consignees for the above-named Wines for Great Britain, Ireland, and the English Colonies,

7 MINCING LANE, E.C., and 2 OLD BOND ST., LONDON, W.

When purchasing MAX GREGER'S **CARLOWITZ** (HUNGARIAN CLARET), examine the Corks whether they are branded with our name in full, and with the HUNGARIAN CROWN, without which none are genuine.—MAX GREGER & CO., Limited, Wine Merchants to Her Majesty the Queen, 7 Mincing Lane, and 2 Old Bond Street, London.

MELLIN'S FOOD

FOR INFANTS AND INVALIDS.

NOT FARINACEOUS.

Experience and physiology have taught beyond dispute that starch cannot be digested by infants until nature has supplied them with the special digestive ferment diastase at the period when their teeth are developed.

This is the only food in which the whole of the starch has been reduced into dextrine and grape-sugar, and hence it is the only one which can be conscientiously recommended by the Medical Profession, when artificial feeding has to be resorted to.

It will be found the best food for invalids who cannot digest farinaceous matter through imperfect mastication and insalivation.

Rich in phosphates and nitrogen.

From Dr. Eustace Smith, Physician-extraordinary to H.M. the King of the Belgians.

'5 George Street, Hanover Square, May 17, 1870.—Your preparation of Liebig's Food is by far the best of any with which I am acquainted. It seems to agree equally well with children, whether they are healthy or diseased, and is well borne as a rule by the youngest infants. A Food which fulfils these conditions requires little to be said to recommend it, and I have no doubt that it has by this time a very large sale.—EUSTACE SMITH, M.D.—To Mr. MELLIN.'

Prospectus and sample bottle sent post free and carriage paid to any member of the Medical Profession on application.

Sole Manufacturer: G. MELLIN,

MARLBORO' WORKS, STAFFORD ST., PECKHAM S.E

488. Hutchinson.—Certain Diseases allied to Erysipelas. (*Ibid.*, Jan. 1883, p. 4.)

489. Raymond.—Latent Cancer of the Stomach. (*Med. Times and Gazette*, Jan. 1883, p. 74.)

490. Hull.—The Incubation Period of Typhus Fever. (*Ibid.*, Jan. 1883, p. 105.)

491. Smith, Charnley.—The Detection of the Bacilli of Tubercle in the Breath of Consumptive Patients. (*Ibid.*, Jan. 1883, p. 105.)

492. Sansom.—The Treatment of Some Forms of Valvular Disease of the Heart. (*Brit. Med. Jour.*, Jan. 1883, p. 146.)

493. Norvill.—Typhoid Fever, with Ulceration of the Large and Small Intestines. (*Med. Times and Gazette*, Jan. 1883, p. 92.)

494. Cameron.—Prolonged Infectiousness from Scarlet Fever. (*Lancet*, Dec. 1882, p. 1071.)

495. Hobson.—Pernicious Anæmia, with Remarks on Forty-Five Cases. (*Practitioner*, Jan. 1883.)

496. Williams.—Bronchiectasis Treated by Tapping. (*Lancet*, Dec. 1882, p. 1107.)

497. Cane.—Cancer of the Pancreas, accompanied by Phlegmasia Dolens. (*Brit. Med. Jour.*, Feb. 1883, p. 354.)

498. Clark.—Renal Inadequacy. (*Brit. Med. Jour.*, Feb., p. 345.)

499. Mackey.—Rapid Breathing simulating Cardiac or Diabetic Dyspnœa. (*Lancet*, Feb., p. 227.)

500. Penny.—Aneurism of Descending Thoracic Aorta simulating Pleuritic Effusion. (*Med. Times and Gazette*, Feb. 1883, p. 122.)

501. Jones.—A Case of Acute Diabetes. (*Lancet*, Feb. 1883, p. 317.)

Art. 473. *Marie on Hysterical Angina.*—Marie (*Jour. de Méd. et de Chir. Prat.*, Feb. 1883, and *Revue Mensuelle*) reports two cases of angina in hysterical patients. In one, the pain commenced in the left little finger, radiating up the forearm and breast of the same side. During the attack, which often lasted some hours, the pulse in the left radial artery became insensible, the lower parts and the entire left side became cold. In the second case, the attack was often preceded by general malaise; then suddenly a violent pain supervened in the præcordial region, accompanied by extreme anguish and invincible terror; the pain then radiated towards the neck, the left arm, the little finger, sometimes even towards the leg; the attack lasted ten to twenty minutes, and the face, which was at first tired and cold, became red and warmer. He compares them to the form of angina called 'vasomotor' by the Germans. [Dr. Balfour in his *Clinical Lectures on Diseases of the Heart*, 2nd ed., p. 298, has described two cases of this affection. *Rep.*]

474. *Charcot on Incomplete Tabes.*—Charcot (*Jour. de Méd. et de Chir. Prat.*, February 1883) diagnosed tabes dorsalis in (1) a patient with nystagmus, absence of patellar reflex, lightning pains, and double optic atrophy; (2) in a man with anæsthesia of the face, slight paresis of the orbicularis oris, transitory diplopia, and absence of patellar reflex without lightning pains or incoordination; there was also a patch of anæsthesia in the area of the radial nerve, and difficulty in retaining his urine; (3) in a man suffering from pains in the right arm, which had lasted nine years, especially severe in the axilla and thumb, with species of shocks or discharges; also alternations of sensation in the soles of his feet, as if he walked on balls, and when seated, he did not know on what he was sitting. Urination was difficult, and he had no knowledge of the act of defæcation. Patellar reflex was present.

475. *Westbrook, Roberts, Janeway, and Wood on Aspiration of the Heart.*—The *New York Med. Record* for Jan. 20, 27, and Feb. 3 of the present year contains articles by several physicians, recording cases of aspiration of the heart in the hope of relieving the overloaded right ventricle. No serious consequences resulted, though little good was effected.

476. *Fifield on Idiopathic Endocarditis.*—Dr. Fifield (*Boston Med. and Surg. Jour.*, Jan. 11, 1883) reports a case of this disease. The patient was M. C., aged 7, free from personal or family history of rheumatism. The pulse was 120, the temperature 104°. There was no cough or præcordial pain. Dulness and coarse breathing were noticed at the base of the left lung. There were a loud systolic apex-murmur, and a faint to-and-fro rub. The urine was normal. Later, there was evidence of dilatation. Death occurred on the eighteenth day. No *post mortem* examination was made.

477. *Sée on Heart-Disease from Hepatic and Gastric Affections.*—Dr. Germain Sée (*Boston Med. and Surg. Jour.*, 1883, No. 1), in the course of a clinical lecture on overwork and strain of the heart, describes dilatation of the heart without valvular disease as a result of jaundice, dyspepsia, enteritis, diarrhœa, &c.

Robert Saundby, M.D.

478. *Kuvshinsky and Pastor on the Course of Temperature in Scarlatina.*—Following a suggestion by Prof. Botkin, the authors (*Ejened. Klin. Gazeta*, 1883, Jan. 16) undertook a series of thermometric observations in more than a hundred scarlatinal patients and registered the following results. 1. In a vast majority of the cases under observation, the temperature, after a lysis on the sixth to the tenth day, remained normal during the next three to eighteen days (mostly fourteen days), and then again rose to febrile figures (in some cases to 40° C. = 104° F. and above). Within one to five days it again gradually returned to the normal. In some few cases there were observed similar tertiary elevations of temperature, generally on the thirty-fourth to the thirty-sixth day of the disease. 2. Simultaneously with these secondary elevations of temperature, there were almost invariably found some other characteristic morbid phenomena, as swelling of the lymphatic glands (mostly cervical), more or less pronounced renal affection, reappearance of a diffused angina, inflammation of the endocardium, extreme weakness of pulse, and, lastly, in four cases, reappearance of the scarlatinal rash with subsequent desquamation. Considering the facts stated, Drs. Kuvshinsky and Pastor arrive at the conclusion that re-elevations of temperature in the course of scarlet fever, being far from accidental, are caused by the scarlatinal infection itself. The latter, therefore, in common with some other infectious diseases, shows a disposition to run its course with greater or lesser oscillations in the development of various symptoms of the pathological process.—[The subject of thermometric oscillations in the course of typhus and typhoid fevers was ably studied by Dr. V. M. Borodulin; see his paper in Botkin's *Archiv*, 1881, vol. vii.—*Rep.*]

479. *Stepanoff on a Case of Carbunculus Internus.*—Under this name, Dr. Ivan Stepanoff describes (*Vratch*, 1882, No. 22) a case of intestinal anthrax, or Buhl's 'mycosis intestinalis,' which occurred in a soldier, aged 21, who, soon after eating some boiled pork, began to suffer from vomiting

On admission a few hours later, he presented the following symptoms :—extreme prostration, hippocratic face, cyanosis, rapid and weak pulse, cold extremities, moist and coated tongue, thirst, inflation of the belly, tenderness in the epigastric, umbilical, and right iliac regions, laboured slow respiration interrupted with sighs and groans, and incessant sickness. There was no diarrhœa, fever, headache, giddiness, or loss of consciousness. The nature of his disease was recognised only after his death, which occurred twenty hours after the first symptoms. About three feet from the cæcum the hyperæmic mucous membrane of the small intestine presented a dark red, roundish, flat, œdematous swelling, 2½ centimètres in diameter ; at its margin was seen a black dense tubercle, about 1½ centimètres broad. Numerous dark red elevated small spots were scattered along the small intestine. Peyer's patches and the solitary follicles were slightly swollen. The abdominal cavity contained a considerable quantity of a sanguinolent fluid. The spleen and liver were hyperæmic, but not enlarged. The blood was almost black, with easily friable clots. Neither microscopic examination nor inoculation experiments were made. [Similar cases of internal anthrax were published by Drs. Rosenberg in the *Moscov. Med. Gazeta*, No. 4, 1876, and R. Albrecht in the *St. Petersb. Med. Wochensch.*, Nos. 43 and 44, 1878. Of six patients of the latter, five were wool-sorters. In only one of the cases, in which the skin was simultaneously affected, the diagnosis was made during life.—*Rep.*]

V. IDELSON, M.D.

480. *Brigidi and Pacinotti on the Relations of Cardiac Hypertrophy and Atrophied Kidney.*—The authors conclude (*Lo Sperimentale*, Aug. 1882) that cardiac hypertrophy in cases of interstitial nephritis is caused by the limitation of the circulatory field, by the greater functional activity of the remaining parenchyma of the kidney, not yet destroyed by the morbid process, and by, as an accessory element, the excitement of the vessels caused by the urinary principles circulating in the blood. They do not forget that the chemical theory has been confirmed by experiment (Grawitz and Oscar Israel), but they think that these experiments admit of another interpretation, and one more in favour of their theory. Oscar Israel produced hypertrophy of the heart in rabbits by the administration of urea and nitrate of potash (Virchow's *Archiv*, 1881, Band 86). But these, having an elective action on the kidneys, must determine in them a greater afflux of blood than normal, to respond to the excitement experienced by the parenchyma. This afflux of blood cannot be caused without greater blood-tension in the arteries of the kidneys, which, if the action were long continued, would cause hypertrophy of the heart. In the same way may be explained the cardiac hypertrophy which takes place after the removal of a kidney ; before equilibrium can be established by augmentation in volume of the other kidney, so much time must pass that the heart becomes hypertrophied. The hypertrophy of the heart in pregnancy, Oscar Israel admits to be owing to the increased function of the heart itself for the excretion of the materials of organic reduction, increased by the fact of the presence of the fœtus *in utero*. The mechanical theory is much more plausible, by which the hypertrophy is attributed to the force which the heart exerts to overcome the resistance produced in the circulation by the great abdominal vessels of the pregnant uterus. Lewinski (*Zeitschr. für Klin. Med.*, Band i., p. 501) obtained atrophy of the kidney, and subsequently hypertrophy of the heart, after diminishing by half the calibre of the renal arteries by means of an incomplete ligature. In an animal thus operated on, the blood contained 0·039 per cent. of urea. Hence the cardiac hypertrophy could not be referred to irritation provoked by excess of urea in the blood.

481. *Vieta on the Antagonism of Phthisis and Ague.*—This is relative rather than positive ; that is, phthisis occurs more frequently in regions where intermittents are not endemic, and *vice versâ* ; we cannot say that, where intermittents are dominant, there phthisis is not met with. Both diseases may occur simultaneously in the same person. Dr. Vieta (*El Genio Medico-Quirurgico*, Jan. 15, 1883), describes his experience in Azagra in the kingdom of Navarre. The situation of the town is damp and low ; it is surrounded by the rivers Ebro and Ega ; and formerly these constantly overflowed their banks, submerging half the town ; the streets were unpaved, and full of holes in which the water lodged. In the outskirts much hemp was cultivated, which, when cut, was macerated in pools, of which there were a very large number. Intermittent fever in its worst forms was very prevalent. Now the streets are paved, the rivers embanked, so that they no longer overflow, and hemp is not so much grown, market-gardening being found more profitable. Intermittents are no longer endemic ; a few simple cases occur, but the paludal cachexia is no more seen, and the cases yield readily to treatment. But with this diminution of intermittents, there is a marked increase in the number of cases of chronic affections of the chest, and especially of phthisis, which was formerly almost unknown. Dr. Vieta does not attempt to account for this antagonism ; he attributes the phthisis to neglected bronchial catarrh, and not to hereditary influence or diathesis, which does not seem to exist. He therefore hopes that improved hygienic knowledge and practice, leading the people to be more careful as to exposure, &c., will diminish the number of cases of pulmonary disease.

482. *Lomon on Erysipelas caused by the Dust of Dry Reeds.*—According to the author (*El Sentido Catolico*, Dec. 1882), the symptoms are, high fever, pruriginous eruption, headache, cough, with mucous expectoration, often taking the tubular form, hoarse voice, pain in the throat and upper part of the chest, occasionally delirium, catarrhal ophthalmia with œdema of the lids, and œdema of the scrotum. Dr. Lomon considers the œdema of the lids and scrotum characteristic symptoms. The treatment consists in general blood-letting, demulcents, expectorants, and externally mild astringents. M. Baltus, of Lille, also reports cases of a similar disease which not unfrequently occurs in Provence. When the reeds (arundo donax) are cut and suffered to lie in heaps, especially if in the wet, a mould grows on them, consisting of spores and mycelium of the *sporotrichum dermatodes*. He attributes the disease to the irritation caused by the spores, which are shaken off when the reeds are moved.

483. *Serret on Vaccinia.*—Dr. Ramon Serret, in the *Siglo Medico*, of Nov. 1882, says that cow-pox is to be found much more frequently in calves than in adult animals. Its origin is not human small-pox ; it is a distinct specific disease. Small-pox, however much attenuated, through however many generations of the bovine race it has been made to

pass, can never give rise to anything but small-pox. Small-pox and cow-pox are two distinct diseases. Cow-pox has its probable source of origin in horse-pox, which, transmitted to the cow, is converted into cow-pox and into humanised or Jennerian vaccinia when inoculated in man.

G. D'Arcy Adams, M.D.

484. *Sokolowski on the Local Treatment of Pulmonary Cavities.*—Dr. Sokolowski (*Deutsche Med. Wochensch.*, 1882, and *Centralbl. für die Med. Wiss.*, Dec. 23, 1882), in a patient with a cavity below the right clavicle, injected a 1 per cent. solution of carbolic acid in the second intercostal space, about 5 centimètres from the sternum. The injection was immediately followed by severe dyspnœa and blueness of the face, which lasted for about two minutes, and was for a short time followed by a dry cough; the temperature rose, and did not fall to its normal degree until the next day. Subsequently, three similar injections were made without any other signs of reaction beyond elevation of temperature. Two injections of a 5 per cent. dilution of tincture of iodine were afterwards employed with scarcely perceptible reaction, and unattended with dyspnœa. Meanwhile the general condition of the patient became worse. Dr. Sokolowski has treated several other cases of phthisis by these local injections with no good results.

485. *Statten on the Pathogenesis of Diabetes Insipidus.*—H. Statten records (*Centralbl. für die Med. Wiss.*, Feb. 3) the case of a man who received a wound on the side of his neck and the back of his head. Transitory unconsciousness and double vision occurred, and subsequently deafness on the side of the injury, the left, with total paralysis of the rectus externus on the same, and partial paresis of the same muscle on the opposite side. On the left side hearing was lost in the external meatus, but the ticking of a watch applied to the side of the head was audible. The urine, which amounted to twelve litres daily, was free from albumen and sugar. The treatment, free administration of iodide of potassium, was attended by notable reduction in the quantity of urine. The author supposes the injury to have consisted in destruction of the root of the left abducens nerve, probably with hæmorrhagic cyst, and refers to cases in which this pathogeny has been recorded.

486. *Deininger on the Symptomatology of Oxyuris Vermicularis.*—Dr. Deininger, of Dinkelsbühl (*Berliner Klin. Wochensch.*, Jan. 3), says that it is a question that has often been discussed whether intestinal worms can possibly excite severe reflex nervous disorders, such as chorea, convulsions, epilepsy. The older physicians, in default of a more exact pathology, attached great importance thereto, and attributed to them large etiological powers. Later medical literature, without denying, looks sceptically upon this view. More recently, however, Dr. Deininger states, cases have been recorded in which there have been epileptic and other convulsive affections, and gives the following case. A child, aged four and a half years, born of healthy parents, suddenly suffered a severe convulsive attack, which was preceded by peevishness and whimpering; the eyes became fixed, and, uttering a cry, she fell to the ground in a fit of epilepsy, followed by cramps of a tetanic character, with loss of consciousness. The paroxysm lasted from five to ten minutes, gradually subsiding, to be shortly repeated, evening after evening. Dr. Deininger examined the anus, and found a large mass of ascarides. On removing these by an injection of cold water the patient rapidly recovered. The repetition of glysters of cold water and the exhibition of calomel and santonine completed the cure. This case, the author holds undoubtedly to have originated in excitement by ascarides, and draws the practical conclusion that in all cases of infantile convulsive disorders, where the exciting cause is not apparent, the bowel should be examined for *oxyuris vermicularis*.

487. *Vetlesen on a Case of Persistent Pneumothorax.*—Dr. Vetlesen (*Centralbl. für die Med. Wiss.*, Feb. 5) relates the following case. A girl, aged 18, the subject of phthisis at the apex of the left lung, one morning at her toilet, in bending forward her body, was suddenly seized with a sharp pain in her left side, attended with dyspnœa. Examination found pneumothorax. Fourteen days later, a dry, creaking sound was heard in the trachea, and audible at the mouth at a certain distance from the patient. It attended most distinctly the end of each inspiration. The noise continued for three days without cessation, and was worrying to the patient; it then ceased and was not again experienced. In the course of a month she was quite free from any further ill-effects of the accident, although the same condition of the thorax remained during seven months that she was under observation. The explanation offered by the author is that a flap-like lesion originally took place at some little depth in the lung, subsequently gave way, and afterwards became covered in by pressure of pneumothorax.

W. B. Kesteven, M.D.

488. *Hutchinson on Certain Diseases allied to Erysipelas.*—Mr. Jonathan Hutchinson (*Med. Times and Gazette*, Jan. 1883, p. 4) writes, asserting that for many years he has stated erysipelas to be simply a specialised form of inflammatory action, and not, as it is commonly defined, a specific fever. It has no appreciable period of incubation, its duration is irregular, and it can be easily cut short by treatment. One attack does not prevent another, but rather increases proclivity, and, above all, it is capable of spontaneous origin. Transitoriness is an essential feature of all erysipelatous action. Although congestion is marked in most cases, yet it is not absolutely invariable; there is a form of erysipelatous œdema in which there is no visible distension of blood-vessels, called white erysipelas. Mr. Hutchinson remarks that any inflammation which travels, and is attended by œdema, is of the nature of erysipelas. Medical and surgical erysipelas are not distinct diseases; both may originate from mere exposure to cold, though surgical erysipelas is very often unquestionably caused by contagion. Mr. Hutchinson then goes on to the consideration of a group of maladies of an erysipelatoid nature, and sums up by putting into one family group—erysipelas, both traumatic and idiopathic, white erysipelas and brown erysipelas, vesicating erythema, recurring œdema of the face, elephantiasis, and some forms of carbuncle.

489. *Raymond on Latent Cancer of the Stomach.*—M. Raymond (*Med. Times and Gazette*, Jan. 1883, p. 74) has made some interesting remarks on the difficulties that are met with in diagnosis in cases of cancer of the stomach. Although there are seldom any definite physical signs, there are usually two grand fundamental symptoms—dyspepsia and cachexia. In the case cited by M. Raymond there was no dyspepsia, and therefore the idea of cancer was dismissed; but at the *post mortem* examination the stomach was discovered to have a number of submucous greyish tumours, varying in size from an

apple downwards, scattered all over its walls, but most numerous at the posterior aspect of the greater curvature. All the other organs were healthy.

490. *Hull on the Incubation Period of Typhus Fever.*—Dr. Gordon Hull, in the *Brit. Med. Jour.*, Jan. 1883, p. 105, gives notes of three cases of typhus fever in which the period of incubation was shorter than that usually assigned. The first case could not have had a greater incubation period than six days, the second only three days, while in the third case the period was between three and seven days. Dr. Murchison, however, states that typhus is rarely contracted from a patient in the acute stage, but the cases noted seem exceptions to this statement, as two of them contracted the disease within a week of its breaking out in the first case noted.

491. *Smith on the Detection of the Bacilli of Tubercle in the Breath of Consumptive Patients.*—Dr. Charnley Smith, in the *Brit. Med. Jour.*, Jan. 1883, p. 105, describes a simple method for demonstrating the presence of the bacilli of tubercle in the breath of consumptive patients. Two thin sheets of fine cotton-wool are placed in the outer compartment of an ordinary 'pepper-duster' respirator; the patient is ordered to breathe through this several times a day, and the inner layer catches all the particles emitted from the lungs. This layer of cotton-wool is then converted into collodion, some of which is then poured on to a microscope-slide, and allowed to run all over it, taking care to obtain as thin a film as possible. This film is then stained by one of the well-known methods, and the bacilli are easily detected. [This observation answers the objection of some observers who assert that the bacillus is merely a fat-cell. *Vide Med. Times and Gazette*, Jan. 1883, p. 26.—*Rep.*]

492. *Sansom on the Treatment of Some of the Forms of Valvular Disease of the Heart.*—Dr. Sansom, in the *Brit. Med. Jour.*, Jan. 1883, p. 146, gives an abstract of the Lettsomian Lectures on Diseases of the Heart, and refers to the morbid anatomy of mitral regurgitation giving the varieties of morbid change which bring about this result. He next goes on to divide the cases, in which the signs indicating mitral regurgitation are evident, into clinical groups, discussing the treatment of each group. The first group comprises those cases of marked anæmia which indicate signs of mitral regurgitation; in these cases the regurgitation is due to the muscular substance of the ventricles not acting properly, so that the aperture into the left auricle is not completely closed. The second group includes those patients in whom a systolic apex-murmur is present, due to a neurosis of the cervical sympathetic. The third group contains those cases in which mitral regurgitation manifests itself during the 'evolution of certain fevers.' The fourth group contains those who are subjects of acute or subacute rheumatism. The chief drugs noticed are digitalis, belladonna, casca, caffeine, and convallaria majalis.

493. *Norvill on Typhoid Fever with Ulceration of Small and Large Intestines.*—Mr. Norvill, in the *Med. Times and Gazette*, Jan. 1883, p. 92, gives the notes of a patient, aged 42, who was admitted suffering from diarrhœa and extreme weakness. There was also marked deafness, and considerable stupor and delirium. The diarrhœa continued, the heart's action became very weak, there was persistent cough with some dulness at the right apex, and a constant high temperature ranging from 102° to 106° F. Death occurred six days after admission. The *post mortem* examination showed no signs of peritonitis, and no ascitic fluid. The intestines, small and large, were distended with air. Peyer's patches were typical of typhoid fever. In the ascending transverse and descending colon many of the solitary glands were ulcerated, also some of the solitary glands of the small intestine. This case would probably have ended in perforation, had the patient lived longer. Dr. Cockle adds that he lately lost a case of typhoid fever from perforation in the rectum, and another from double perforation in the colon.

494. *Cameron on Prolonged Infectiousness from Scarlet Fever.*—Dr. Spottiswoode Cameron, in the *Lancet*, Dec. 1882, p. 1071, cites some cases suggestive of a probably prolonged infectiousness in some convalescents from scarlet fever, and remarks that, in his experience at the Huddersfield Fever Hospital, the infectiousness of scarlet fever lasts seldom less than eight weeks, often ten, eleven, or twelve weeks—in fact, as long as there is the least desquamation there is danger of infection.

495. *Hobson on Pernicious Anæmia with Remarks on Forty-five Cases.*—Dr. Hobson in the *Practitioner*, Jan. 1883, gives the notes of a case of pernicious anæmia in which a favourable prognosis was given by two medical men, and in which they were deceived. The facts of the case were as follows. Miss M., aged 20, always delicate, had been suffering with backache—uterine or ovarian—for some weeks, but had improved under treatment. She consulted Dr. Hobson for marked anæmia, with a history of the last menstruation having been very profuse; she also complained of cough and expectoration of blood-stained mucus. Physical examination of the chest revealed nothing abnormal. In a few days extreme weakness came on, with extreme pallor and bleeding from the nose and the mucous membrane of the mouth. Ergot and liquor ferri perchloridi had no influence, and menorrhagia returned, though the period was not due. Ergotine was given subcutaneously and the iron increased, and for three or four days the patient improved; but the hæmorrhage soon returned, and, notwithstanding repeated injections of ergotine and the free use of stimulant injections, the patient died very shortly. Dr. Hobson alludes to Dr. Coupland's Gulstonian lectures on anæmia, where the following classification was proposed—

Anæmia { symptomatic { simple. / pernicious. } / idiopathic { simple. / pernicious. }

In the forty-five cases noted, only twelve arose apparently without any antecedent cause. In many there was a history of previous hæmorrhage, and Dr. Coupland in his lectures says: 'A profuse hæmorrhage, which at the time may threaten life, leaves behind an anæmia which never disappears and may become pernicious—*i.e.* may deepen in intensity in spite of treatment.' Dr. Hobson concludes by suggesting that there may be a certain weakness, hereditary or acquired, in the organs responsible for the production of fresh blood-cells, whereby the resources within themselves are unduly limited. So long as these organs have a sufficient blood supply they can keep up with the demand of the economy, but directly the supply, from whatever cause, fails, their power of cell-production fails also.

496. *Williams on a Case of Bronchiectasis treated by Tapping.*—Dr. Theodore Williams, in the *Lancet*, Dec. 1882, p. 1107, gives the notes of a case of bronchiectasis, in which Mr. Marshall made an opening between the fourth and fifth ribs, about two inches to the right of the right nipple, and, plunging a special trocar and cannula to the depth of four inches towards the root of the lung, succeeded in obtaining a large quantity of fœtid matter. By means of a piece of French catheter tubing, the cavity was kept drained for some time; but eventually absorption of septic matter took place, and the patient died from an abscess in the brain, the other organs being free. The diagnosis of these cases is often difficult, but the spots of gurgle and the fœtid expectoration greatly help. When there exists a labyrinthine series of dilatations, cavernous sounds are audible over a far larger surface than the size of the cavity, owing to its peculiar form. Dr. Williams ends his account by saying that the globular form of dilatation of the bronchi is worse to treat than the cylindrical, because all tonicity of the walls appears to have been entirely lost; and although we may tap and relieve one of these collections of fœtid pus, we can never be quite sure that another one does not exist in another part of the lung, so that more than one operation is required. In one case, six openings were made.

497. *Cane on Cancer of the Pancreas, accompanied by Phlegmasia Dolens.*—Dr. L. Cane, in the *Brit. Med. Jour.*, Feb. 1883, p. 354, reports a case of a clergyman, aged 59, who consulted him for dyspeptic symptoms, and said his friends had noticed he had not been looking well for some months. A few days after this he complained of pain in the right calf, and there was slight swelling of the leg and tenderness along the inner side of the leg and ankle. Two or three days after, the right leg became similarly affected, and it was found that the right saphenous vein was plugged. A careful examination was made to ascertain the cause of the phlegmasia dolens; cancer was suspected, but no evidence of its existence was detected. Three months afterwards the patient gradually became aphasic; he could write, but not spell correctly. A few days after this, it was noticed that gradual paralysis of the right arm and right side of the face was coming on. It was not until six months after the patient was first seen that any tumour was detected, but when emaciation had become marked, Dr. Cane detected on the left side a flat, irregular mass, apparently adherent to the spine. The patient rapidly grew weaker, and died unable to make any mental effort, but apparently conscious. At the *post mortem* examination, it was found that a large irregular mass took the place of the pancreas, extending downwards about four inches. A number of cancerous glands, joined into one mass, surrounded the aorta and vena cava. The case, says Dr. Cane, illustrates remarkably the statements of Trousseau on phlegmasia alba dolens (*Clinical Lectures*, Vol. v.), that frequently the presence of phlegmasia dolens serves as a valuable aid in diagnosing the existence of deep-seated visceral cancer, in which there is no appreciable tumour.

498. *Clark on Renal Inadequacy.*—Dr. Andrew Clark, in the *Brit. Med. Jour.*, Feb. 1883, p. 345, gives an interesting account of renal inadequacy, a subject in which he has felt great interest for many years (vide *Medical Digest*, 1006 : 4). Dr. Clark commences his address by saying that he does not agree with most of the young men of the time who declare that there is no such thing as functional disease, and by asserting that disease expresses itself in three different ways :—1. functional disease, in which there is not the smallest change in structure; 2. disease in which there are temporary changes of structure, as, for instance, in hay-fever; and 3. where there comes at last a permanent change, as, for example, cancer or tubercle. The author then goes on to speak of those cases often met with, of patients characterised by a curious inability properly to repair damages done to them, either by accident or by disease. As a rule, they are always catching cold, and do not get rid of it rapidly; and if they have to undergo any surgical operation, the result is often uncertain. It is in such cases that one notices what Dr. Clark has termed 'renal inadequacy.' On examining the urine, it is low in specific gravity, generally 1003 to 1010; it is free from albumen and casts; also deficient in solid constituents, especially urea, and below the normal amount in quantity, generally about 40 ounces, notwithstanding the fact that the patient may drink a large quantity of water during the twenty-four hours. 'If you are consulted by a patient suffering from dyspepsia or nervousness, having headaches or complaining of malaise or weakness, or sleeplessness, then examine his urine, and if you find it deficient in solids, of a low specific gravity, and free from albumen, you will know with certainty that the kidney, though not diseased, is not doing its duty. If you give these patients a liberal diet they become worse; feed them with three meals a day only, and those light ones, they generally improve rapidly.' Cases of renal inadequacy after a time assume characteristics so like myxœdema that they can scarcely be distinguished. The prognosis in these cases is good if one is able to place the patient under complete control, regulating his diet, his work, and his exercise; and if he can be made sufficiently careful about exposure. At the same time, it must be remembered that his life is a perilous one; he is liable to peril from slight surgical operations, liable to inflammations, which do not readily repair, and also especially liable to hæmorrhages. In conclusion, a detailed account is given as to the mode of dieting such patients.

499. *Mackey on Hysterical Rapid Breathing, Simulating Cardiac or Diabetic Dyspnœa.*—Dr. E. Mackey, in the *Lancet*, Feb. 1883, p. 227, draws attention to the little stress laid upon dyspnœa as a possibly hysterical symptom, and gives the notes of a case of a girl, aged 17, to whom he was several times called, as her friends thought she was dying. Dr. Mackey points out the diagnostic differences between hysterical and diabetic dyspnœa. In diabetic dyspnœa the attack comes on suddenly and with violence; *the inspirations are deep;* the air passes well into the lungs, but apparently does not oxygenate the blood; the attacks may recur several times, but finally the patient becomes unconscious. The duration until death varies from ten hours to three days. The respirations seldom exceed 40 per minute, whilst the pulse is small, weak, and very rapid. In hysterical dyspnœa the respirations are 80 or even 120 per minute, whilst the pulse is from 60 to 80 per minute, and the previous history of the case aids greatly in forming a correct diagnosis.

500. *Penny on Aneurism of the Descending Thoracic Aorta Simulating Pleuritic Effusion.*—Dr. Penny, in the *Med. Times and Gazette*, Feb. 1883, p. 122, reports a case under Dr. White, of a

sailor, aged 39, admitted into the Seamen's Hospital at Greenwich, suffering from shortness of breath and pain in the left side, these symptoms having much increased during the past eighteen months. Physical signs on admission led to the supposition of pleuritic effusion on the left side; but exploratory puncture produced merely a drop or two of blood. The man died about five weeks after admission, having complained of little, except that at night some pain in the cardiac and epigastric regions would often come on, easily subdued by small doses of morphia. At the *post mortem* examination the heart appeared pushed forward and flattened by a large tumour behind. On removing the organs, it was seen that the aorta was enormously dilated from about three-quarters of an inch below the orifice of the left subclavian to just above the cœliac axis, forming an aneurism which occupied nearly the whole of the lower part of the left chest. The liver and testes showed evidences of syphilis.

501. *Jones on a Case of Acute Diabetes.*—Mr. Jones, in the *Lancet*, Feb. 1883, p. 317, contributes a case of a police-constable, named Sansom, who was admitted into St. Thomas's Hospital in a very collapsed condition. A careful physical examination failed to discover any reason for the symptoms. No urine was voided for some hours, but a catheter was passed and about 4 oz. drawn off. The specific gravity was 1040, the reaction acid, and it contained a large quantity of sugar and some albumen. If it had not been for the obtaining of this urine the case might have remained a mystery. The progress of this case was unusually rapid, but still it went through the usual course of such cases. There is only one feature which seems strange, and that is that the disease was only supposed to have lasted five days. Cases have been recorded of death within three weeks of the first recognition of the disease, but never within a few days.

RICHARD NEALE, M.D.

THERAPEUTICS AND PHARMACOLOGY.

RECENT PAPERS.

502. BOZZOLO.—Iodoform in Diabetes. (*Gazz. degli Ospitali*, Feb. 4, 1883.)

503. CURCI.—The Action of Lead on the Vagus. (*Gazz. degli Ospitali*, March 25, 1883.)

504. SAKOVSKY, K. K.—On Chinoline and its Physiological Action. (*Vratch*, 1882, No. 21, pp. 336-41.)

505. KORCZYNSKI.—On the Therapeutic Use of Salicin. (*Przegl Ad Lekarski*, 1882, Nos. 9 to 13.)

506. SEMTCHENKO, D. G.—Observations on the Action of Cow-koumiss in Various Gastro-intestinal Affections in Children. (*Vratch*, 1882, No. 19, pp. 304-6.)

507. BOJINSKI-BOJKO.—Some Observations on Small-pox. (*Ibid.*, 1883, No. 1, pp. 13-14.)

508. SHER.—On Iodoform in Diphtheria. (*Ibid.*, 1882, No. 22, p. 36F.)

509. ARCHANGELSKY.—On the use of Cold Baths in Erysipelas. (*Mediz. Pribav. k Morsk. Sbor.*, 1882, Part xxi.)

510. GARTCHINSKY.—On the Etiology and Treatment of Scurvy. (*Vracheb. Vedom.*, 1882, Nos. 23, 24, 27, 29, and 30.)

511. RUBINSKY, N.—On the Employment of Antiseptic Atropine Solution. (*Vracheb. Vedom.*, 1882, No. 20, p. 3210.)

512. RAWLE.—The Treatment of Dysentery. (*Brit. Med. Jour.*, Jan. 1883, p. 153.)

513. QUINLAN.—The use of the Mullein Plant in Pulmonary Consumption. (*Brit. Med. Jour.*, Jan. 1883, p. 149, and Feb., p. 379.)

514. DUMONT.—Hydrophobia Successfully Treated by Pilocarpin. (*Med. Times and Gazette*, Jan. 1883, p. 12.)

515. CZARTORYSKI.—Lime-juice in Diphtheria. (*Lancet*, Feb. 1883, p. 261.)

516. RINGER.—Manganese in the Treatment of Amenorrhœa. (*Lancet*, Jan., p. 7.)

517. COATES.—The Safe Administration of Chloroform. (*Lancet*, Dec. 1882, p. 1070.)

518. Salicylate of Soda in Scarlatina. (*Lancet*, Dec. 1882, p. 1104.)

519. FERGUSSON.—The Salicylates and Hæmorrhage in Enteric Fever. (*Brit. Med. Jour.*, Feb., p. 296.)

520. SLOPER.—Castor-oil and Glycerine as a Purgative. (*Lancet*, Feb., p. 262.)

521. Lime-juice as an Anaphrodisiac. (*Lancet*, Feb., p. 221.)

522. GIBBES.—The Treatment of Infectious Diseases by Blue Gum Steam. (*Lancet*, Feb., p. 316.)

523. STEELE.—Pruritus Ani. (*Brit. Med. Jour.*, Feb., p. 245.)

524. MACDONALD.—The Use of Sulphurous Acid in Scarlatina Maligna. (*Brit. Med. Jour.*, Feb., p. 249.)

525. STUART.—Capsicum as an External Application. (*Brit. Med. Jour.*, Feb., p. 389.)

526. Convallaria Majalis in Heart-Disease. (*Brit. Med. Jour.*, Feb. 1883, p. 368.)

527. CARTER.—Gelsemium in Tetanus. (*Brit. Med. Jour.*, Jan., p. 9.)

528. CHURTON.—The Action of Hyoscyamine. (*Brit. Med. Jour.*, Jan. 1883, p. 9.)

529. SCHUCKING.—An Antiseptic Chamber. (*Centralbl. für die Med. Wiss.*, Dec. 9, 1882.)

530. KÜSTER.—The Treatment of Gout with Cold Water. (*Berliner Klin. Wochensch.*, March 19).

531. JÉLENSKI.—The Employment of Iodide of Potassium in Enteric Fever. (*Berliner Klin. Wochensch.*, March 12.)

532. LEWIN.—The Behaviour of Santonin in Animals, and its Therapeutic Employment. (*Berliner Klin. Wochensch.*, March 19.)

533. SOUSA-MARTINS.—On a Contra-indication for Pilocarpin in Bright's Disease. (*A Medicina Contemp.*, Jan. 7, 1882.)

534. DUCASSE.—The Anæsthetic and Diuretic Action of Extract of Stigmata of Maize. (*Revue de Thérap.*)

535. SMITH, A. A.—Small Doses Frequently Repeated. (*New York Med. Jour.*)

536. PIFFARD.—Calx Sulphurata. (*Journ. of Cutaneous and Venereal Diseases.*)

ART. 502. *Bozzolo on Iodoform in Diabetes.*—The author, at first disappointed with Prof. Moleschott's treatment of diabetes mellitus, has again recently tried it in two cases with better success. The quantity of iodoform given was much larger than in his first cases, two grammes being administered daily. In one mild case the glycosuria entirely disappeared; in the other case, which was very severe, the sugar was diminished in amount. In both cases the quantity of urine was lessened.

503. *Curci on the Action of Lead on the Vagus Nerve.*—The author finds, as the result of experiments on animals, that the salts of lead exert an irritant action on the pneumogastric nerve. They act not only on the cardiac inhibitory centres, but also on the peripheral intracardial branches. The heart-beats diminish in frequency and become intermittent. Systole, however, is rendered shorter, and diastole is prolonged.

WILLIAM R. HUGGARD, M.D.

504. *Sakovsky on Chinoline and its Physiological Action.*—Having pointed out that chinoline prepared after the methods of Runge and Gerhardt is very impure, Dr. K. K. Sakovsky (*Vratch*, 1882, No. 21) states that Dr. A. N. Vyshnegradsky was the first who, in 1879, obtained large quantities of the chemically pure drug by decomposition of cinchonine by caustic potash in the presence of cupric oxide (with subsequent distillation with water and extraction by ether). The author admits, however, that the synthetical method of preparation, published in 1881 by Skraup, is the best of all, being the cheapest and giving the greatest percentage of the drug (25 per cent. of the mixture taken, while Vyshnegradsky's method gives 20 per cent.). In his physiological experiments on rabbits, cats, and dogs, and in clinical on malarial and typhous patients, Dr. Savkosky used chiefly a solution of pure chinoline in olive-oil (1 to 2) which he injected under the skin of the buttocks. He alleges that this mixture, in comparison with aqueous solutions of chinoline salts, has the advantage of causing no pain and leaving no inflammation, induration, or abscesses, when injected. His experiments on animals show that moderate doses of chinoline markedly lower the temperature (*e.g.*, 0·066 gramme injected into a rabbit caused a maximal fall of 1·5° C.); and that large doses produce not only very considerable fall of the temperature (*e.g.*, 0·3 gramme being injected into a rabbit, within 3½ hours the temperature fell from 39·4° to 29° C. = 102·9, to 84·2° F.), but also depression and, ultimately, paralysis of the reflex activity of the spinal cord, with retardation and arrest of respiration and of the heart's action. He found also that when a certain quantity of the drug is administered in one large dose, its antipyretic influence is far stronger than when the same quantity is introduced in small portions. The cases of intermittent fever, in which the author employed chinoline, were mostly inveterate and extremely obstinate; still the results were very satisfactory. An extensive trial given to the drug in cases of typhous fevers led Dr. Sakovsky to the conclusion that an injection of 16 to 20 grains of chinoline, made in the evening, almost invariably causes a considerable reduction of the next morning's temperature (sometimes the fall was equal to 2·5° C. = 4·5° F.). No disagreeable symptoms, as giddiness, noises in the ears, &c., were observed. Generally, the author thinks that chinoline presents a sufficiently good and cheap substitute for quinine. The dose for an adult is given as half a drachm internally, or one scruple under the skin, administered as a single dose, or in portions following one another in short intervals. To mask the somewhat unpleasant taste of the drug, the author advises to add 50 parts of syrup or 20 of liquorice juice to each part of chinoline. The same author carried out some experiments on rabbits in order to ascertain the physiological action of certain products of chinoline. 1. *Ethylpyridine* (C_2H_5,C_5H_4N).—This is one of the products formed under the decomposing action of caustic potash on cinchonine. It possesses a strong antipyretic property, but at the same time gives rise to generalised clonic and tonic convulsions. 2. *Lepidine* or *methyl-chinoline* ($C_{10}H_9N$).—This, of which the origin is as above, is void of any pronounced antipyretic action. *Pyridine* (C_5H_5N).—This is one of the products formed side by side with chinoline, prepared after Runge's method. It has very slight antipyretic properties. *Pyridine-carbonic acid.*—This product of oxydation of chinoline strongly lowers the temperature, but is toxic, like ethylpyridine. *Oxylepidine* ($C_{10}H_9NO$).—This is one of the products of the decomposition of quinine under the influence of caustic potash. It is a powerful antipyretic, and void of toxic properties; but its price is higher than that of gold. [In the London Medical Record of 1882 is to be found a series of papers treating of the physiological and therapeutic value of chinoline. *See* Donath's article in February, p. 50; Von Jaksch's, Hoffmann and Schötensach's, and Kupke's, in March, p. 95; Brieger's, April, p. 137; Seifert's, August, p. 316.]

505. *Korczynski on the Therapeutic Action of Salicin.*—Prof. Korczynski details (*Przegl Ad Lekarski*, 1882, Nos. 9-13) the results of his clinical observations on the action of salicin. In acute febrile diseases, its antipyretic influence is about half that of quinine; moreover, the fall of temperature proceeds more slowly, and is of shorter duration, very seldom lasting to the next day. In some rare cases salicin acts more strongly than quinine; especially in the later stages of a disease, after a previous reduction of temperature by the administration of quinine. In the acme, salicin (like quinine) influences on temperature very little. Its antipyretic action is more marked in mild cases, where the temperature does not reach a high figure from the beginning. Antipyretic doses are 5 grammes (75 grains) for patients under 16 years, and 6 to 10 grammes (90 to 150 grains) for an adult. Unpleasant physiological effects are produced by salicin far more rarely than by quinine or salicylates; and they never attain any considerable degree. In acute articular rheumatism, the daily administration of 6 to 15 grammes of salicin very often brings excellent results, and is especially indicated in cases of old people, of gastro-intestinal disturbances, of cardiac degeneration, &c., where salicylic acid is contra-indicated. For malarial fevers, salicin, given in daily quantities of from 6 to 15 grammes in the day, may cure the affection, and reduce the enlarged spleen to its healthy size. In these cases, 100 grammes of salicin are equal, as to their action, to 10 grammes of quinine. Dr. Korczynski thinks that in malarial affections salicin is indicated: 1, in cases of idiosyncrasy to quinine; 2, in obstinate cases, where even large doses of quinine remain inactive; and 3, in cases in which there exist digestive disturbances, whilst the subcutaneous or rectal administration of quinine is, for some reason, impossible.

506. *Semtchenko on Cow-Koumiss in Gastro-intestinal Affections in Children.*—Dr. D. G. Semtchenko, of Kazan (*Vratch*, 1882, No. 19), used, with most satisfactory results, koumiss prepared of cow's milk, in more than fifty cases of dyspepsia, acute and chronic intestinal catarrh, infantile cholera, diarrhœa of rickety children, &c. The age of the patients varied from three weeks to one year and nine months. A weak preparation, one day old, was always employed in increasing doses; at first in teaspoonfuls three or four times an hour, then in dessert spoonfuls and tablespoonfuls. From twelve to eighteen doses or more were given daily, according to the age. The method of preparation given by Dr. Semtchenko rather differs from that of Dr. Sakovich (see the London Medical Record, Nov. 1882, p. 453), and is as follows. Six litres of skimmed milk are mixed with seven litres of cold water. After addition of a fourth of a pound of yeast and a

pound and a half of powdered sugar, the mixture is stirred from time to time by means of a wooden shovel during the first twenty hours, and then kept in corked champagne-bottles, in a cool place (at 8° Reaum. = 50° Fahr.) To prevent the formation of flakes of caseine it is well to add some soda (two teaspoonfuls to thirteen litres of the mixture).

507. *Bojinski-Bojko on Iodine Painting in Small-Pox.*—In 1881, there was admitted to the Konotop Hospital a woman suffering from lumbar pain and other prodromal symptoms of small-pox. To satisfy the wish of the patient, Dr. Vetroff painted the whole lumbar region with tincture of iodine. On the next day, the painted region was found covered all over with variolous rash, while the remaining surface of the body presented only two vesicles. The course of the disease was remarkably mild. Having learnt this curious fact, Dr. Bojinski-Bojko (*Vratch*, 1883, No. 1), when an epidemic of small-pox broke out in his district, began to paint with iodine the anterior surfaces of the thighs in every patient who came under his notice in the prodromal stage of the disease. In all four cases treated in this way, the rash was strictly limited to the regions painted, and the course of the affection was extremely favourable. An attempt to substitute a sinapism for the iodine gave negative results.

508. *Sher on Iodoform in Diphtheria.*—Dr. Sher, in the *Vratch*, 1882, No. 22, recommends painting the diphtheritic fauces with iodoform solution in ether and almond-oil. His formula is : ℞ Iodoformii ʒj ; ætheris sulphurici, olei amygdal., āā ʒss. It is applied on a brush six times during the day, and twice at night.

509. *Archangelsky on the use of Cold Baths in Erysipelas.*—During an epidemic of erysipelas, broken out at the Cronstadt Marine Barracks, Dr. Archangelsky (*Mediz. Pribav. k Morsk. Sbor.*, 1882, Part xxi.) treated numerous cases in which the temperature reached 38° C. (102° F.) by baths at 24° to 20° R. (86° to 77° F.) for the young and strong, and 28° to 27° R. (95° to 92·75 F.) for the old and weak), with subsequent gradual cooling. The baths lasted from ten to twenty minutes, according to the height of the fever, and were repeated two or three times a day. In a vast majority of the cases the reduction of temperature varied between 0·5° and 2·5° C. (0·9° to 4·5° F.). The average duration of fever in the patients treated by cold baths was eight days, while in those treated by quinine and other means it was not less than thirteen days and a half. The baths acted as favourably on the nervous centres (absence of delirium and headache, feeling of comfort, &c.), but they had no influence whatever on migration of the erysipelatous process and appearance of abscesses. The local treatment consisted in rest, smearing with camphorated oil, and, in case of lymphangitis, inunctions of mercurial ointment.

510. *Gartchinsky on Ozone in Scurvy.*—Starting from the hypothesis that scurvy is a disease developing from an increase of carbonic acid in blood on the expense of the oxygen of the latter, Dr. Gartchinsky proposes (*Vracheb. Vedom.*, Nos. 23, 24, 27, 29, and 30, 1882) to use, in scorbutic patients, ozone in form of inhalations or ozonised drinking-water. He recommends also, as a prophylactic, ozonising the air of dwellings (instead of using fresh vegetables and juices).

511. *Rubinsky on the Use of Antiseptic Solution of Atropine.*—Dr. N. Rubinsky (*Vracheb. Vedom.*, No. 20, 1882) endorses the recommendation by Dr. Kroemer (see LONDON MEDICAL RECORD, Feb. 1882, p. 71) concerning the beneficial use of antiseptic solution of atropine. He adds one or two drops of 50 per cent. alcoholic solution of carbolic acid to each ounce of atropine solution. By this addition, the latter is kept perfectly clear two or three months.

V. IDELSON, M.D.

512. *Rawle on the Treatment of Dysentery.*—Mr. Rawle, in the *Brit. Med. Jour.*, Jan. 1882, p. 153, suggests the following plan of treatment in cases of dysentery. First having placed the patient between warm blankets, inject 1½ pint of warm water. This is not retained many minutes as a rule, but is very soothing. Then the following injection is given :—Disulphate of quinine, 10 grains ; compound tincture of camphor, 4 drachms ; decoction of starch to 2 ounces. Mix and give warm, and repeat in an hour or two if not retained. If griping pains be felt, half-drachm doses of chlorodyne are useful. Mr. Rawle says he has discarded ipecacuanha from his treatment as of little service. [Anyone who has repeatedly seen the remarkable effects of large doses of ipecacuanha in the worst forms of dysentery will demur to Mr. Rawle's last proposition.—*Rep.*]

513. *Quinlan on the Use of the Mullein Plant in Pulmonary Consumption.*—Dr. Quinlan, in the *Brit. Med. Jour.*, Jan. 1883, p. 149, gives an account of his experience in the treatment of pulmonary consumption by the great mullein plant, or verbascum thapsus. The plant grows wild, and is much cultivated in some parts of Ireland, where it has long had great repute in the treatment of phthisis. The mode of administering it is to place an ounce of the dried leaves or a corresponding quantity of the fresh ones in a pint of milk to boil for ten minutes, and then to strain, and to give it to the patient twice a day. Notes are given of seven cases in which the drug was tried ; the result being that the cough and dyspnœa were loosened, and most of the patients gained weight under treatment. In the same journal for February 1883, p. 379, Dr. Quinlan says one very important therapeutical action had been overlooked—viz., its weight-increasing effect in pretubercular or early phthisical cases. A striking instance of this is cited, and a short account of the value of a decoction in milk of mullein in cases of advanced phthisis is added, showing that in advanced cases even the strength of the patient can be maintained by giving the drug as a food more than as physic.

514. *Dumont on Hydrophobia successfully Treated by Pilocarpin.*—In the *Med. Times and Gazette*, Jan. 1883, p. 12, mention is made of a case of hydrophobia in a shepherd who had been bitten by a rabid dog. The patient was taken to a hospital, where Dr. Denis Dumont treated him with morphia injections, bromide of potassium, and codeia, without any result. He then tried hypodermic injections of pilocarpin in doses of one centigramme. Profuse perspiration and salivation set in, followed by almost immediate relief, and in a few days recovery was complete. [Since pilocarpin was suggested by the reporter as likely to be a valuable agent in the treatment of hydrophobia in 1879, many cases have been reported in which recovery took place during the administration of the drug. These may be referred to in sect. 527 : 3 *Medical Digest* ; and since the last edition of this work other cases have been published in the *Lancet* 1882, and *Med. Times and Gazette*, 1883. Only one

observer who has tried the treatment expresses his dissatisfaction with the results. Vide *Lancet*, Vol. i., p. 1161, 1882.—*Rep.*]

515. *Czartoryski on Lime-juice in Diphtheria.*—In the *Lancet*, Feb. 1883, p. 261, the value of lime-juice in the treatment of diphtheria is strongly brought forward, being relied upon in China as a specific. [In the *Medical Digest*, sect. 823 : 6, it is shown that Dr. Cazine of Boulogne, in 1860, attached great value to the use of lime-juice and garlic, a statement fully borne out in 1865 by Dr. Révillout, who considered lime-juice one of the most efficacious modes of treatment in diphtheria, and one that saved his own life. He used the juice of four lemons every hour as a gargle, swallowing as much as he could. In twenty-four hours, all symptoms disappear. Vide *Brit. and For. Med. Chir. Rev.*, 1860 and 1866.—*Rep.*]

516. *Ringer on Manganese in the Treatment of Amenorrhœa.*—Dr. Sydney Ringer and Dr. Murrell, in the *Lancet*, Jan. 1883, p. 7, call attention to the value of permanganate of potash in certain forms of amenorrhœa. It is given in two forms, the pharmacopœial solution, and the permanganate made into pills, of one or two grains each. Generally one grain, three times a day, is enough to commence with, increasing to two grains four times a day. The most striking results were obtained in young women between the ages of eighteen and twenty-five, who from some accidental or trivial cause, such as catching cold or getting wet, had 'missed' once or twice after having been regular. In cases where the patient had menstruated only once or twice, and had then entirely ceased for some months, the treatment answered admirably. In girls about fifteen or sixteen, who have never menstruated at all, the permanganate is not so certain in its action; but even in these cases the action is frequently prompt. In several cases the pills proved of great value in curing whites of long standing. The effects of the drug are due to the manganese, and not to the potash, as shown by the fact that manganate of soda or binoxide of manganese are equally efficacious. It does not act by improving the condition of the blood, for in cases of chlorosis the permanganate not unfrequently brings on the period, without improving the amenorrhœa.

517. *Coates on the Safe Administration of Chloroform.*—Mr. Martin Coates, in the *Lancet*, Dec. 1882, p. 1070, draws attention to his method of administering chloroform, published in 1858, which is as follows. By means of a Snow's inhaler, five minims of chloroform are given, followed by ten in twenty seconds, and in forty seconds by fifteen, and then fifteen every minute until the patient becomes insensible, and afterwards an occasional ten minims; this is sufficient in almost every case to produce and maintain complete anæsthesia. Mr. Coates has never had a death under his hands, and has often given it to patients of an advanced age, and also to patients suffering from tricuspid insufficiency; in such cases he gives twenty minims of ether instead of chloroform when the pulse drops, continuing the chloroform when the pulse regains its strength.

518. *Salicylate of Soda in Scarlatina.*—A writer in the *Lancet*, Dec. 1882, p. 1104, states that in cases of scarlatina he has used the following prescription with great success:—Forty grains of salicylic acid, half a drachm of carbonate of ammonia, two drachms of syrup of mulberry, and three drachms of syrup of lemons to three ounces of water: one teaspoonful every two hours for a child eight years old.

519. *Fergusson on the Salicylates and Hæmorrhages in Enteric Fever.*—Mr. James Fergusson, in the *Brit. Med. Jour.*, Feb. 1883, p. 296, records some facts regarding the use of salicylate of soda in typhoid fever. Some cases were being treated with this drug, when it was noticed that there was an increase in the number of cases of hæmorrhage from the bowels; the salicylate of soda was supposed to be the cause of it. A foreign observer about this time noticed that salicylate of bismuth caused intestinal and nasal hæmorrhages. Dr. McLean Wilson, who succeeded Mr. Fergusson at the Perth Infirmary, confirmed these observations whilst treating typhoid fever with the salicylate.

520. *Sloper on Castor-oil and Glycerine as a Purgative.*—Mr. Sloper in the *Lancet*, Feb. 1883, p. 262, writes, suggesting the great advantages of combining glycerine and castor-oil in equal proportions, to act as a purgative. Messrs. Allen & Co. have prepared a mixture which disguises the nauseous taste of the oil, and is in the form of a semi-solid compound, which acts more efficiently than any other preparation Mr. Sloper has tried. One small teaspoonful is an effective dose; and has the advantage over other purgatives of having a lasting influence, and not needing a continued renewal. At p. 303 Mr. Brewis writes, saying that he easily prepared an emulsion of glycerine and castor-oil by adding the oil gradually to the glycerine in a mortar, and triturating thoroughly. By this means the nauseous taste is quite disguised.

521. *Lime-juice as an Anaphrodisiac.*—In the *Lancet* of February, p. 221, a letter signed 'Nautilus' speaks of sailors stating that lime-juice acted as an anaphrodisiac; and at p. 260 another letter appears from Mr. Berdoe, stating that the anaphrodisiac effect is probably due to the action of the 'salts of potash, which cause the elimination of the products of the increased metamorphosis of tissue; the alkalies diminish the body-weight, impair the quality of the blood, and lower the pulse of the organism.'

522. *Gibbes on the Treatment of Infectious Diseases by Blue Gum Steam.*—Mr. Murray Gibbes in the *Lancet*, Feb. 1883, p. 316, writes a paper, bringing forward a treatment of diphtheria, which he has found very successful, viz., keeping the patient in an atmosphere of the steam of blue gum (eucalyptus globulus). It is also suggested to treat other infectious diseases on the same principle; it is not to the remedy alone that attention is drawn, but Mr. Gibbes maintains that most infectious diseases would be more readily cured, if the patient were kept in an atmosphere impregnated with steam saturated with some disinfectant. In an outbreak of diphtheria at New Plymouth, thirty-seven cases were treated by means of blue gum steam. All recovered without a bad symptom, and without the help of any drug except castor-oil.

523. *Steele on Pruritus Ani.*—In the *Brit. Med. Jour.*, Feb. 1883, p. 245, there is a short note saying that there need be no more itching about the anus. Thus Dr. Steele has found in sulphate of quinine, rubbed up with only sufficient lard to hold it together, a never failing specific in this affection. Another physician is similarly confident on the success of the local application of Peru balsam.

524. *Macdonald on the Value of Sulphurous Acid in Scarlatina Maligna.*—Dr. K. N. Macdonald, in the *Brit. Med. Jour.*, Feb. 1883, p. 249, draws attention to the therapeutic value of sulphurous

acid in the treatment of this disease. The mode of treatment is as follows. The moment the throat begins to become affected (suppose the patient a child of six years), ten minims of sulphurous acid with a small quantity of glycerine in water are to be given every two hours, whilst every three hours the sulphurous acid spray is applied to the fauces for a few minutes. In severe cases the pure acid may be used, but a mixture of equal parts of acid and water is generally strong enough. Sulphur may also be burned in the sick chamber several times a day. The mouth may be washed with solution of permanganate of potash, if the tongue and teeth be badly covered with sordes. Dr. Macdonald has had several opportunities of testing this mode of treatment, and considers it most reliable.

525. *Stuart on Capsicum as an External Application.*—Mr. Stuart, in the *Brit. Med. Jour.*, Feb. 1883, p. 389, refers to an article by Dr. Macdonald in the journal for February 10, in which capsicum and oil are used as an external application in lumbago, &c. Dr. Ringer notes its use in his *Handbook of Therapeutics*; and Mr. Stuart adds that in Yorkshire capsicum is freely used by rheumatic patients before sending for medical assistance.

526. *Convallaria Majalis in Heart-Disease.*—In the *Brit. Med. Jour.*, Feb. 1883, p. 368, is an article on the use of the common lily of the valley (*convallaria majalis*) as a diuretic, and in certain forms of heart-disease. 'It is useful in palpitation resulting from exhaustion of the pneumogastrics; in simple cardiac arhythmia with or without hypertrophy, and with or without valvular lesion; and in mitral constriction with absence of compensation in the left auricle and right ventricle. It may be given with advantage in mitral insufficiency, especially when there is pulmonary congestion with resulting dyspnœa. In Corrigan's disease, the peripheral arterial pulsations disappear, and respiration becomes markedly restored. In dilatation of the heart, with or without hypertrophy, convallaria is decidedly indicated. In cardiac dyspnœa it is inferior to morphia or iodide of potassium, but in some forms of asthma it is said to be useful.'

527. *Carter on Gelsemium in Tetanus.*—Dr. W. Carter, in the *Brit. Med. Jour.*, Jan. 1883, p. 9, refers to a paper of Dr. J. Read on the use of gelsemium in the treatment of tetanus, and remarks that he himself communicated a paper on the action of this drug to the Liverpool Medical Institution in the session of 1873-74, in which he came to the conclusion 'that the principal effects produced by large doses are extreme muscular relaxation without either stupor or delirium, in these respects resembling the action of conium maculatum.'

528. *Churton on the Action of Hyoscyamine.*—Dr. Churton, in the *Brit. Med. Jour.*, Jan. 1883, p. 9, gives some notes on a case of a gentleman, aged 58, suffering from a second attack of acute mania, in which hyoscyamine was given hypodermically, in doses at first of one-fortieth of a grain, then one-sixtieth and one-eighteenth of a grain. The effect was to produce sleep for a few hours; but, on awaking, the condition of the patient was not much improved. RICHARD NEALE, M.D.

529. *Schucking on an Antiseptic Chamber.*—Dr. Adrian Schucking, of Pyrmont, describes (*Centralbl. für die Med. Wiss.*, Dec. 9) a room into which the air is admitted only after having been filtered through cotton-wool, saturated with carbolic acid, vapour of bromine, &c. It is, he considers, adapted more especially for the treatment of affections of the chest, surgical cases, infectious diseases, &c.

530. *Küster on the Treatment of Gout with Cold Water.*—Dr. Küster (*Berliner Klin. Wochensch.*, March 19) describes the relations of gout and rheumatism. Having been himself a sufferer from gout, and having experienced disappointment from treatment by salicylates, warm baths, &c., the only result being a chronic state of the affection, he determined to try the hardening system. Every morning, winter and summer, Dr. Küster states, on rising from bed, for several years past he has a cold douche, and then rubs himself with a bath-towel; he sleeps in a cool room, with one of the upper windows open, so as to admit fresh air, even in the depth of winter. He has thereby become less sensitive to cold, and has lost the liabilities to recurrence of colds, and sore throat, and rheumatic pains, to which previously he had been subject. It is, Dr. Küster observes, only right to conclude that the augmented metamorphosis of tissue has dispelled the gouty attacks, and that this may fairly be attributed to the treatment; and further, that having determined to employ the same with his patients, he has obtained more favourable results than under the ordinary treatment and warm baths.

531. *Jélenski on the Employment of Iodide of Potassium in Enteric Fever.*—Dr. Heinrich Jélenski, of Dziatoszyce, Russian Poland, relates (*Berliner Klin. Wochensch.*, March 12) a series of twenty cases in which he has administered iodide of potassium as his chief remedy in the treatment of enteric fever with satisfactory results, prefacing the record of cases with a brief historic notice. A summary of these observations affords the following conclusions. 1. Under the use of the iodide there is a regular duration of from fourteen to sixteen days, which (the author observes) cannot be claimed for any other means. 2. The temperature and pulse are both slowly and surely lowered, not only for a short time, as with many other antipyretics. 3. A prompt cessation of diarrhœa and abdominal pain. 4. The period of convalescence is shortened by the use of the iodide, and is not attended by the after-effects that often follow other antipyretic agents. The iodide, passing through the whole length of the intestine, affects its glandular structures; and there exerts its antiseptic and antiparasitic properties, so that the author regards it as a specific in the treatment of typhus.

532. *Lewin on the Behaviour of Santonin in Animals, and its Therapeutic Employment.*—Dr. Lewin (*Berliner Klin. Wochensch.*, March 19), from a series of experiments on dogs, concludes that, for therapeutic purposes as a vermifuge, an aqueous solution of santonin is inert, and that the only rational mode of its administration is by solution in oil. In this medium it is excluded from the stomach, and is passed on into the intestine where by the peristaltic action it is slowly but uniformly dispersed, and brought into contact with the worms, which it quickly and effectually destroys. Oil of almonds, cocoa-oil, olive-oil, cod-liver oil, butter, &c., may, either of them, be employed as solvents.

W. B. KESTEVEN, M.D.

533. *Sousa-Martins on a Contra-indication for Pilocarpin in Bright's Disease.*—Prof. Sousa-Martins (*A Medicina Contemporanea*, Jan. 7.) says that, in long-continued anasarca from chronic Bright's disease, the nutrition of the skin suffers, and the sudoriparous glands, being starved of blood,

cease to act. Pilocarpin ought never to be given in Bright's disease, without previously determining whether these glands are still functionally active. This may be done by the vapour-bath; if the skin respond by diaphoresis, then pilocarpin may be given with advantage; but, if no perspiration show itself, then pilocarpin may do harm. In a boy aged 10, with old anasarca from Bright's disease, pulmonary œdema, scanty urine containing much albumen, but with no cardiac complication, 2 centigrammes of hydrochlorate of pilocarpin were given hypodermically; cerebral symptoms showed themselves soon after the injection, and the boy died comatose the same evening. The cause of death was subarachnoid effusion, sufficient to compress the great nervous centres and to cause fatal coma. Prof. Sousa-Martins attributes the effusion to the action of the pilocarpin, which, as it could not escape by any of the usual channels of elimination, by diaphoresis, sialorrhœa, diarrhœa, or by increasing the action of the kidneys, was driven by a heterotopic electivity to the pia mater and arachnoid, causing a fatal effusion.

G. D'Arcy Adams, M.D.

534. *Ducasse on the Anæsthetic and Diuretic Action of the Extract of the Stigmata of Maize.*—The anæsthetic and diuretic action of the stigmata of maize was pointed out in 1879. Dr. Ducasse, judging from the results he has obtained by using this agent (*Revue de Thérap.*, p. 655), considers that its double action as an anæsthetic and diuretic has not been sufficiently appreciated. From 1·5 to 2 grammes a day of syrup or extract of maize stigmata relieves pain in chronic cystitis, gravel, and nephritic colic, better than any other known remedy. In the two latter affections it facilitates the expulsion of calculi. It is so evidently an anæsthetic, that Dr. Ducasse expects that the stigmata will be discovered to contain an alkaloid with a special anæsthetic action on the urinary system. In nephritic colic, especially, when subcutaneous injections of morphia fail to relieve pain, the syrup of maize stigmata lessens it considerably; and micturition, which speedily ensues, brings away a much larger amount of gravel than is generally observed. If the treatment be continued for some time without interruption, and afterwards at intervals, the attacks rarely return. In acute cystitis, the stigmata have not any anæsthetic effect, doubtless on account of the inflammatory condition which renders modification of the mucous membrane difficult. The diuretic action of maize is denied by a great many physicians; but Dr. Ducasse believes that failure has been due either to the mode of administration or to the quality of the medicine, and in support of his opinion quotes Dr. Landrieux, who concluded a work on this subject with the following remarks. '1. Preparations of the stigmata of maize are both useful in modifying the secretions of the urinary system and as an incontestable diuretic agent. 2. Diuresis quickly ensues; in about three or four days the quantity of urine is greatly increased. 3. The diuretic effects are also observed in cardiac and vascular affections. 4. The pulse becomes more regular, arterial tension is increased, and venous tension diminished. 5. It is a remedy which does not in any way disturb the nerves nor the digestive system. 6. Neither does it produce the slightest discomfort in chronic cases, and it can be administered for a month or six weeks with impunity.' Dr. Ducasse has collected many cases which support his views.

535. *Smith on Small Doses Frequently Repeated.* In urticaria, Dr. A. A. Smith recommends (*New York Med. Jour.*) 2 grains of salicylate of soda every hour or half-hour; in spasmodic croup, one one-hundredth of a grain of atropia in a goblet of water, a teaspoonful every hour or half-hour; in the nervous disturbances and excitements of children, the bromides in one or two-grain doses every ten or fifteen minutes. Teaspoonful doses of a solution of tartar emetic, one grain in a quart of water, given frequently, will relieve the wheezing and cough of a slight bronchitis in children. In orchitis and epididymitis, and also in dysmenorrhœa, two-minim doses of tincture of pulsatilla every hour are most efficient. Hæmorrhages from the uterus and hæmorrhoids will generally be stopped by two minims of the tincture of hamamelis every half-hour.

536. *Piffard on Calx Sulphurata.*—Dr. H. G. Piffard (*Jour. of Cutaneous and Venereal Diseases*) says that calx sulphurata (commonly misnamed sulphide of calcium) is a mixture of the sulphide and sulphate of calcium, but contains not less than 36 per cent. of the former substance. He adds:—'My own experiences, extending over a series of years, lead me to the inference that the drug is an aplastic or resolvent of great energy; that its tendency, when given in sufficient doses, is to break down and dissolve, rather than build up and restore. This theory of its action is in perfect harmony with the observed effects of its administration; and if it be the correct explanation, it will lead us to a multitude of useful applications of the drug. In other words, it appears to me probable that calx sulphurata will be found capable of fulfilling the part that was assigned to mercury thirty and forty years ago, that of a general resolvent in inflammatory exudations, chronic infiltrations, and possibly also in some forms of neoplasm.'

OBSTETRICS AND GYNÆCOLOGY.

RECENT PAPERS.

537. Truzzi.—The Second Utero-Ovarian Cæsarian Amputation of Professor Porro. (*Gazz. Med. Ital. Lomb.*, Jan. 6 and 13, 1883.)

538. Donati.—Puerperal Eclampsia. (*Gazz. Med. Ital. Prov. Venete*, Dec. 30, 1882.)

539. Pedrini.—Ovarian Cyst Cured by Injection of Wine. (*Gazz. Med. Ital. Lomb.*, Feb. 17, 1883.)

540. Tolochinoff, N. F.—On a Case of Chronic Inversion of the Uterus, treated and cured by means of a Colpeurynter. (*Vracheb. Vedom.*, 1882, No. 522, pp. 3206-68.)

541. Stekloff, A.—Vaginal Injections of Hot Water in Obstetrical and Gynæcological Practice. (*Vratch*, 1882, No. 22, pp. 366-7.)

542. Rudoff, M.—On Fœtal Ascites as a Cause of Complete Obstruction in a Case of Labour. (*Vratch*, 1882, No. 14, p. 227.)

543. Coates.—Intravenous Injection of Fluids for Severe Hæmorrhage. (*Lancet*, Dec. 1882, p. 1110.)

544. Von Wahl.—Ovariotomy during Pregnancy; Re-opening of Wound and Protrusion of Intestines; Recovery. (*St. Petersburg. Med. Wochensch.*, No. 9, 1883.)

545. Von Wahl.—Resection of a Portion of Colon Adherent to a Malignant Dermoid Ovarian Tumour. (*Ibid.*)

546. Bertram.—Laparotomy for Removal of Tumours of the Fallopian Tubes. (*Berliner Klin. Wochensch.*, Jan. 22 and 29.)

547. Ashton, J. H.—On the Treatment of Placenta Prævia.

548. BROCK, W. J.—On Obstinate Vomiting in Pregnancy. (*Glasgow Med. Jour.*, March 1883.)

549. HERRICK, O. E.—An Operation for Closing Douglas's *cul-de-sac*. (*Obstetric Gazette*, Cincinnati, Feb. 1883.)

550. JORISENNE.—On a New Sign of Pregnancy. (*Archives de Tocologie*, No. 2, 1883.)

551. OLIVIER, A.—The Management of Labour in Breech Cases when the Legs are extended. (Paris, Delahaye, 1883.)

552. WOLCZYNSKY. - Ascites as an Obstruction to Labour. (*Wiener Med. Presse*, No. 36, 1882.)

553. GARRIGUES.—Gastro-elytrotomy, with Special Reference to Porro's Operation. (*Amer. Jour. of Obstetrics and Diseases of Women and Children*, Jan., 1883.)

554. MURPHY.—The Effects of Tracheloraphy on Fertility and Parturition. (*Ibid.*, Jan., 1883.)

ART. 537. *Truzzi on the Second Utero-Ovarian Cæsarian Amputation performed by Professor Porro.* This operation was performed on Dec. 7 in the Obstetric Institute of Milan by Professor Porro (*Gazz. Med. Ital. Lomb.*, Jan. 6 and 13, 1883). The patient (thirty-seven years of age) had been once before pregnant, and had been safely delivered by means of craniotomy. The pelvic narrowing was of the third degree. She was admitted in the eighth month, and was obliged to keep her bed from the pain she suffered, owing to the increasing pressure of the enlarging uterus. She was very weak and anæmic, and the bowels were most obstinately constipated. It was determined to allow her to go her full time, and December 9 was fixed for the operation; but on December 7 the water broke and labour commenced. Notwithstanding the unfavourable state of the patient and the loaded bowels, Professor Porro determined to operate, which he did most ably, using spray and all antiseptic precautions. The patient died on the fourth day. The necropsy revealed as the cause of death strangulation of the intestine from adhesions of the visceral and parietal peritoneum at the margins of the wound, and from a band of exudation tightly enclosing the intestine as in a loop. There were fatty degeneration of the myocardium, and fatty infiltration of the liver and kidneys. The wound interiorly was perfectly united, the uterine stump being fixed to the inferior angle. The colon was loaded with hard fæces. There was no trace of free or encysted liquid in the abdominal cavity. Death was caused not by any imperfection in the operation, but by a purely fortuitous accident—the abnormal adhesion of the intestinal loop to the abdominal wound. The morphia and sedatives which had been freely given may have helped to cause this, by paralysing the contractile activity of the muscular tunic of the intestines. The pressure of the intestinal gas and the loaded state of the rectum must have helped to keep the intestine pressed against the healing wound. Dr. Porro has already ordered some thin lamels of catgut, which he intends to use in analogous cases to prevent the immediate contact of the visceral and parietal peritoneum.

538. *Donati on Puerperal Eclampsia.*—Donati says (*Gazz. Med. Ital. Prov. Venete*, Dec. 30, 1882) that eclampsia is not always the expression of the same pathological state, and cannot be explained exclusively by one or the other of the proposed theories. We must admit various forms, which, for practical and therapeutical purposes, may be reduced to three. 1. *Mechanical eclampsia* is due to increased pressure in the aortic system from the pressure exercised by the uterus on the abdominal aorta, with consequent hyperæmia and cerebral œdema with or without renal stasis and albuminuria. Unless there be an organic affection of the kidneys, it disappears soon after delivery with the removal of the mechanical cause. These conditions are found chiefly in primiparæ, in whom there is greater resistance of the abdomen and consequent pressure; in multiparæ, in multiple pregnancy, and hydramnios. Now, if it is true that eclampsia is chiefly developed in these conditions, as is unanimously agreed; if more than four-fifths of cases of eclampsia are developed before or during labour, the pains increasing the pressure, it is reasonable to infer that the mechanical form of eclampsia is much the most common, and this induction is supported by the experience of most observers. 2. *Reflex eclampsia* is due to certain vaso-motor disturbances of the encephalic centres, provoked by an abnormal excitement of the nerves of the uterus. The frequent occurrence of eclampsia in the first period of labour, in primiparæ, in unmarried women who are subject to special mental distress, and in those subject to nervous storms, obliges us to admit in a certain number of cases, this second pathological condition of eclampsia. 3. *Toxic or dyscrasic eclampsia* is due to certain disturbances of the blood, as uræmia, septicæmia, &c. Twenty years ago, the idea prevailed that eclampsia was invariably due to the retention in the blood of certain principles of organic reduction (urea and carbonate of ammonia) which the diseased kidneys were not able to eliminate. Now, it is known that albuminuria, in pregnant women, is very frequent compared with eclampsia; that, on the other hand, all eclamptics are not affected with albuminuria; that in many fatal cases the kidneys are found unaffected. The simple presence of albumen in the urine does not suffice to characterise the eclampsia as toxic. Very few of those suffering from Bright's disease are ever seized with convulsions. Eclampsia from septicæmic poisoning is very rare. The author gives the details of one case. In practice it is not always easy to distinguish between these three forms, perhaps because they are not always entirely distinct; still it is not difficult to discern which form prevails sufficiently to form a guide to treatment. This must vary with the cause. In the mechanical form, general and local depletion, cold to the head, cutaneous and drastic derivatives are distinctly indicated. As a general rule, the subtraction of blood is indicated in all cases which precede or accompany labour, but not in those following labour. The presence of albumen in the urine is not a contra-indication; on the contrary, it is often notably diminished by blood-letting, doubtless by the diminution of the renal stasis. In the reflex forms, anæsthetics are indicated — chloroform, ether, opiates; but, above all, chloral. In the toxic forms, the treatment must be guided by the symptoms. Bleeding is only exceptionally indicated, in sthenic cases. So with drastics, which, especially in the uræmic form, would be indicated *à priori*, to supplement the deficient renal function, but which in the greater number of cases cannot be employed. Equally rational would be the diaphoretic treatment, by subtracting from the blood the excrementitious principles and the excess of water, thus to obviate the cerebral œdema. One must not forget that jaborandi and pilocarpin, which have been especially recommended to this end, depress the heart's action, and, increas-

ing the secretion of mucus in the respiratory tract, promote suffocative phenomena by pulmonary œdema. Chloral is still indicated, in the greater number of these cases, to allay the nervous sensibility and to procure restorative sleep. If the symptoms of depression prevail, the treatment must be especially directed to sustain the vital power.

539. *Pedrini on Ovarian Cyst cured by Injection of Wine.*—Dr. Eliodoro Pedrini (*Gazz. Med. Ital. Lomb.*, Feb. 17) gives the details of this case. The patient (39) was seized, after a day's washing in cold water, with acute pain in the abdomen. A few days afterwards, a small movable lump was noticed in the left ovarian region. The lump steadily and slowly increased for fourteen months, when it suddenly became much larger, threatening to prove fatal by asphyxia from the pressure it caused. The lungs were congested, with diffused bronchial catarrhal sounds, and the lower limbs were œdematous. The patient was very emaciated. A large trocar was thrust in at the lower third of a line drawn from the umbilicus to the anterior inferior iliac spine ; 72 litres of a serous citrine-coloured liquid were gradually withdrawn. A litre of white wine was then injected through the cannula, and allowed to remain for an hour. There was sharp reaction and fever, which for a week imperilled the patient's life. She, however, made a good recovery and regained entirely her former good health, with no sign of the return of the tumour (after six years).

G. D'Arcy Adams, M.D.

540. *Tolochinoff on a Case of Chronic Inversion of the Uterus, Cured by Means of a Colpeurynter.*—Professor N. F. Tolochinoff reports (*Vracheb. Vedom.*, 1882, No. 522) the case of a woman, aged 32, in whom the womb became inverted during her last (sixth) labour, about six months previously. Repeated attempts at its reduction had been unsuccessful. The author found in the vagina a pear-shaped tumour, 5 centimètres long, which protruded beyond the cervix, and easily bled on touch. A Braun's colpeurynter was introduced and left, being removed only for a few minutes daily for its cleansing and for vaginal injections. On the eighth day, the tumour disappeared. The os, however, remained widely open (capable of admitting a forefinger, which easily penetrated up to the fundus) nearly three weeks, and then, under the influence of solution of perchloride of iron, gradually contracted.

541. *Stekloff on Vaginal Injections of Hot Water in Obstetrical and Gynæcological Practice.*—Like Drs. Lebedeff (see London Medical Record, May 1882, p. 200) and Glazunoff (*Vratch*, 1881, No. 5, p. 79), the author speaks highly (*Vratch*, 1882, No. 22) of the value of hot water injections in the treatment of uterine hæmorrhage of every description. He gives the notes of five cases in which he successfully used vaginal injections of three glassfuls of carbolised water at the temperature of 42° Reaum. (126·5° Fahr.). In two of the cases hæmorrhage was due to retention of portions of placenta, and ceased after two and three injections ; the uterus having strongly contracted, and expelled the retained pieces, which, in spite of their remaining within the womb twenty-four and forty days respectively, were found fresh and inodorous, as in a similar case by Dr. Syromiatnikoff (London Medical Record, April 1882, p. 146). In a third case, a profuse hæmorrhage after the abortion in the sixth month was arrested by one hot injection ; but, on the next day, it reappeared, though far less considerable. Keeping in view the highly atonic state of the uterus and the patient's extreme weakness, the author applied alternate irrigation with hot and cold water (as it was recommended, among others, by Dr. C. Rothe), which checked the flooding within a few hours. In a fourth patient, who formerly had menstruated always regularly, and then contracted menorrhagia of sixteen days' standing (from a fright), a prolonged hot injection rapidly arrested the bleeding. Two injections stopped a severe hæmorrhage in a fifth case (miscarriage at the third month), after cold and ergot had failed.

542. *Rudoff on Fœtal Ascites as a Cause of Absolute Obstruction in a Case of Labour.*—The author (*Vratch*, 1882, No. 14) records a case similar to that published lately by Mrs. Krasina (see the London Medical Record, July 1882, p. 284). The patient was aged 26 ; her pregnancy (fourth) had been regular, and the labour had come on at full term. He first saw her about twenty-four hours after the beginning of labour, and after a midwife had already succeeded in tearing away the head and arms of the fœtus. The child's chest was down in the vagina, along the right oblique diameter, the enormously distended abdomen being tightly embraced by the tetanically contracted womb. Puncture having proved impossible (the author's trocar was too short), embryotomy was successfully performed. The puerperal period did not present any complications. V. Idelson, M.D.

543. *Coates on Intravenous Injection of Fluids for Severe Hæmorrhage.*—Mr. W. Coates, in the *Lancet*, Dec. 1882, p. 1110, gives an account of two cases in which he used Mr. Jennings' siphon for intravenous injection ; the hæmorrhage in both cases occurred a long time after delivery without any definite cause. In one case the saline alcoholic solution, recommended by Mr. Jennings (in the *Lancet*, Sept. 16), was used, and in the other twenty-two ounces of warm water, at temperature of 100° F., were injected. The result in both instances was very striking, the pulse improved, the hæmorrhage ceased, and the uterus slowly contracted.

Richard Neale, M.D.

544. *Von Wahl on a Case of Ovariotomy during Pregnancy ; Re-opening of Wound on Ninth Day, with Protrusion of Intestines : Recovery.*—On February 6, 1882, Professor Von Wahl performed ovariotomy on a married woman, aged 33, in the third month of pregnancy, at Dorpat. The cyst contained two quarts of a clear straw-coloured fluid ; the pedicle was exceedingly broad, requiring ligature in three separate portions ; a single ligature was then passed round the whole pedicle, and lastly the vessels in its outer border were secured separately. The abdominal wound was closed by silk threads in the usual manner, so that the opposing surfaces of peritoneum should be in thorough apposition. On the eighth day, the abdominal sutures were removed ; the wound had healed perfectly ; it was then covered with a single layer of wool, and held together by bands of strapping. Early on the next morning, the nurse observed that the wool was moist ; and the patient complained of pain in the wound. She was, therefore, examined on the operating table, and placed under the influence of chloroform. On removing the dressings, the wound was found to be completely open in its whole extent, and several coils of intestine, together with the lower part of the great omentum, were entangled in the wool, which adhered so closely that

its separation was a matter of extreme difficulty. After prolonged washing of the protruded parts with a warm solution of thymol, followed by hard sponging, all the coarser pellets of wool were washed off the surface of the intestine. A thin layer of fibrinous exudation had intimately blended with the fibres of wool that had come into contact with the intestines, forming a felted membrane that could not be removed. The edges of the wound appeared quite fresh, as though the first operation had been performed but a few hours. They were carefully united by sutures. Ten days later half of these were removed; the remainder were taken out on the twelfth day. Recovery was rapid, and the patient was safely delivered at full term. In this case the tumour and the pregnant uterus, together, were not so large as to distend the abdominal walls except in the hypogastric region; hence the abdominal muscles were less stretched and weakened than they would have been had the cyst attained greater proportions. Bruntzel and Von Wahl both find that, on this account, accidental re-opening of the abdominal wound is most common after the removal of the smallest ovarian tumours.

545. *Von Wahl on a Case of Resection of a Portion of Colon Adherent to a Malignant Dermoid Ovarian Tumour.*—In removing a large dermoid ovarian cyst from a woman, aged 26, Professor von Wahl, at the Dorpat Hospital, found that over four and a half inches of the ascending colon adhered very intimately to the surface of the cyst. The ovarian tumour was undergoing cancerous degeneration, not rare in dermoid cysts, and the portion of its wall that adhered to the large intestine was infiltrated with nodules of malignant deposit. Simple separation of the colon from the cyst would, even if practicable, have been unjustifiable; therefore Professor von Wahl decided on resection. The ascending colon could not be drawn forward, as the meso-colon was very short. The pedicle of the tumour was first secured, then all omental adhesions were separated. A clamp was then applied to the colon above and below the seat of adhesion. Each clamp had its teeth covered with gutta-percha tissue. The adherent segment was then cut away, and the ascending meso-colon was separated from the adherent segment of intestine. This proved to be an extremely difficult task, for the vessels of that serous fold were much enlarged; but, the sponges being carefully applied over the adjacent viscera, no blood escaped into the peritoneal cavity. The tumour was now removed: there were no pelvic adhesions. Thirteen silk threads were then passed through the serous and muscular coats of the cut edges of the colon as far as the mucous membrane, and a second row of ten higher sutures was made to transfix the serous coat alone. On drawing the sutures close together, the apposition of the severed edges of the colon was found to be complete. So well, says Dr. von Wahl, had the peritoneal cavity been guarded by sponges, that a final sponging was dispensed with as superfluous. The highest temperature during convalescence was 101·2° on the second day. The bowels acted freely on the eighth day; on the tenth, the abdominal sutures were removed. Unfortunately the malignant disease recurred within a month. Dr. von Wahl attributes the success of the resection in this otherwise unfavourable case to the employment of silk instead of catgut, and to the application of a double row of sutures on the Gussenbauer-Czerny principle. Three years since, the same operator removed over two inches of the transverse meso-colon for the cure of an artificial anus. This had been established six weeks previously by removing a portion of gangrenous colon, in an operation for strangulated inguinal hernia, and securing the cut edges of intestine to the margin of the wound. In the second operation, the cut edges of the intestine were brought together by a single row of fine catgut sutures. Symptoms of peritonitis appeared on the second day, and the patient died on the third. At the necropsy, extravasation of fæces was discovered. This fatal complication was due to the loosening of two of the sutures, so that the cut edges of the intestine gaped to the extent of one quarter of an inch. ALBAN DORAN.

546. *Bertram on Laparotomy for Removal of Tumours of the Fallopian Tubes.*—Dr. R. Bertram (*Berliner Klin. Wochensch.*, Jan. 22 and 29) relates, in very considerable detail, a series of eight cases in which tumours of the Fallopian tubes had been removed by an operation similar to that of ovariotomy. In five of these cases the disease was dropsy of the tube, three single and two double. In two cases the tumours were abscesses, and in one a hæmatocele. The ages of the patients were within a range of from twenty to forty years, *i.e.* during the child-bearing period. Of the eight cases six were married women. All had complained of pain in the ovarian region, but this was not sufficiently definite in its character to aid diagnosis. The occurrence of abortion, or the existence of sterility, might either precede or follow the disease of the tubes. Of the eight cases, five, or more than half the number, were sterile; one had borne a child ten years previously, but had not since become pregnant. The origin of these tumours may be assigned to local injury, excess in venery, abortions, and causes unknown. Hæmorrhage resulting from a blow might have given rise to circumscribed peritonitis, closure of the fimbriated extremity, and the occlusion of pus within the tubes. The influence of gonorrhœa has been supposed to have been the cause in some cases, by the induction of endometritis and the extension of inflammation to the broad ligament or adjacent structures. Thin abdominal walls are favourable for the determination of diagnosis, if the healthy ovary can be detected and distinguished from the sausage-shaped tumour of the tube, when a combined vaginal and rectal examination is made. The tumour may have existed long without its presence being suspected. If of considerable size, it may burst and cause fatal peritonitis; if small, it may remain as a simple hæmatocele and become adherent to the bladder or adjacent structures. With reference to treatment, Dr. Bertram suggests the possibility of emptying the tube by catheterisation through the uterus; puncture by the vagina or rectum, and lastly, in favourable cases, laparatomy. This operation is to be performed much in the same manner, with the same precautions and care, as in the case of ovariotomy. The contents of the tube may be evacuated, or it may be wholly extirpated. It may be required, in consequence of adhesions, to remove an ovary before operating upon the Fallopian tube.

W. B. KESTEVEN, M.D.

547. *Ashton on the Treatment of Placenta Prævia.* Mr. Ashton proposes to substitute the use of the long forceps for turning when operative interference is necessary, and when the head presents; when the placenta prævia is partial; in those cases where it

completely covers the os uteri at the beginning of labour, but when, after some progress has been made, it only partially does so ; or when exhaustion is present either from the previous ill-health of the mother, or from loss of blood. Version is indicated where the cervical attachment of the placenta is too extensive to allow of the application of the forceps ; where there is mal-presentation of the child ; and where there is contraction of the pelvis or any condition present which usually indicates the operation. Craniotomy may be called for when exhaustion is great, or when the case is complicated with those conditions which generally render it necessary.

548. *Brock on Obstinate Vomiting in Pregnancy.*—Dr. Brock, after discussing the various theories as to the causation of obstinate vomiting in pregnancy, arrives at the following conclusions. 1. Obstinate vomiting occurs in multiparæ where the uterine tissues are lax, and where the os is soft, easily dilatable, and even patent enough to admit the tips of two fingers. This causes him to reject the theory held by Bretonneau and Barnes. 2. Obstinate vomiting is absent in the majority of cases where there is a rigid state of the os, and where one would almost expect it invariably to be present, if the cause were that assigned by Dr. Barnes. 3. Obstinate vomiting is often absent in flexions and distortions of the uterus, and often present where there are no flexions or distortions. This would not be likely if Dr. Graily Hewitt's theory were true. 4. Obstinate vomiting is often absent in inflammatory conditions of the uterus, and present when there are no inflammatory conditions. This ought not to be the case if Dr. Bennett's theory were correct. 5. Because he believes a parallel condition is to be seen in other affections clearly influenced by the individual's neurotic constitution ; for instance, obstinate seasickness, the occasional vomiting that occurs in pseudocyesis, the proneness to convulsions in certain children whenever ill ; or, to take a specific case, the vomiting simulating the obstinate vomiting of pregnancy in a non-pregnant woman in whom the uterus was normal. 6. Because there is no definite line to be drawn between the ordinary cases of sickness in pregnancy and the more severe cases. He has found it associated with intermittent albuminuria. He believes the obstinate vomiting in pregnancy to depend on the idiosyncrasy of the patient.

549. *Herrick on an Operation for Closing Douglas's Sac.*—This operation is just what its name implies, and is accomplished by denudation of the whole or part, as required, of the *cul-de-sac* and the adjacent uterine neck, after which they are united by silver wire sutures. The conditions calling for this operation are cases of uterine flexion and version accompanied with voluminous vagina, especially in its upper portion ; and while most cases of either flexion or version can be remedied by a proper fitting pessary, there are cases, as every one knows, which are only benefited while the support is worn, for the simple reason that the vaginal canal is so large and its walls so weak that it cannot afford the support nature intended it should, and, as soon as the artificial support is removed, the uterus, like a house with its underpinning taken away, falls over one way or the other. Dr. Herrick has performed the operation with successful results in four cases. He leaves the finding of an appropriate name to some other gynæcologist.

550. *Jorisenne on a New Sign of Pregnancy.*—Jorisenne finds that change of posture from standing to sitting or lying down, produces a variation of from ten to twenty beats in the radial pulse in non-pregnant women. In pregnant women there is no change in the frequency of the pulse whatever position the patient may be in. The importance of this sign, in the opinion of M. Jorisenne, is that it enables a diagnosis of pregnancy to be made as early as the first month, when there may be no other sign or symptom present.

551. *Olivier on the Management of Breech-Presentations.*—The management of breech presentation with the legs extended during pregnancy consists on leaving the presentation alone when the breech is engaged in the pelvis. When the pelvis is not engaged, an endeavour must be made to affect version by external manipulation, and then Pinard's entocic binder may be applied to maintain the head in its proper position. When labour has set in, three conditions are to be distinguished. 1. When the breech is at the upper strait ; 2, when it is more or less engaged in the pelvis ; 3, when it is at the lower strait. When the breech is at the superior strait and the membranes are not ruptured ; as soon as the dilatation is complete the membranes should be ruptured, a foot drawn down, and the case is allowed to wait. If the cord prolapses, or if it is compressed, or the breech does not engage, the extraction must be proceeded with. If the membranes are ruptured, and it is necessary to interfere, an attempt must be made to bring down a foot. If a foot be brought down, the delivery can be made. If the foot can not be brought down, the forceps should be applied. If the forceps slip, delivery is to he effected by means of a tape passed over the groin. The forceps should, as far as possible, be applied over the limbs of the fœtus and not over the pelvis. When the breech is more or less engaged in the pelvis, or is at the lower strait, the forceps should be applied. If this fails, a tape may be applied over the groin. When the child is dead or putrified, and the above means fail, the cephalotribe or craniocast may be used.

552. *Wolczynsky on Ascites as an Obstruction to Labour.*—The fœtus was at the eighth month, and the labour came to a standstill after the head and thorax were born. The midwife then pulled the head off by her efforts to deliver. Dr. Wolczynsky passed his hand through the thorax, perforated the diaphragm, and gave exit to a large quantity of ascitic fluid. The rest of the delivery was then easily accomplished. The urethra, right ureter, and kidney were found to be absent. The left kidney was in a condition of hydronephrosis.

FANCOURT BARNES, M.D.

553. *Garrigues on Gastro-elytrotomy, with special reference to Porro's Operation.*—Dr. H. J. Garrigues, in additional remarks on the above subject, to those published in his monograph in 1878 (*Amer. Jour. of Obstet. and Dis. of Women and Children*, Jan. 1883), arrives at the following conclusions. 1. Dr. Thomas's method of gastro-elytrotomy has been performed eight times. One-half of the mothers recovered. All of the children survived, except two, who had died long before the operation was done. 2. The operation may be performed with many antiseptic precautions. 3. Porro's operation has given less good results, and Müller's no better than Thomas's. 4. The danger, especially as regards hæmorrhage, peritonitis, and septicæmia, are greater in the Porro-Müller operations. 5. The intraperitoneal treatment of the stump, in Porro's

operation, carried out in five cases, has four times resulted in death. 6. One advantage in the Porro-Müller operation is the possibility of operating before the commencement of labour. 7. Gastro-elytrotomy is less repulsive to the mind of the patient, less difficult of execution, and can be performed with less assistance. 8. It does not sterilise the woman. 9. In country practice, the old-fashioned Cæsarian operation will in most cases be preferable to all its substitutes. 10. Thomas's operation can be performed on the left side as well as on the right. 11. The ureters remain below the incision. 12. All those who have performed gastro-elytrotomy on the living subject or on the cadaver recommend it.

554. *Murphy on the Effects of Tracheloraphy on Fertility and Parturition.*—Dr. P. J. Murphy, in a paper on the above subject (*Amer. Jour. of Obstet. and Dis. of Women and Children*, Jan. 1883), deduces the following conclusions, after a study of statistics gathered from literature in the surgeon-general's office. 1. Repair of laceration of the cervix uteri is usually followed by sterility. 2. The character of the labour is usually severe and protracted, and, in a large percentage, laceration occurs a second time. 3. In order to ascertain the benefit of surgical interference in such cases, an examination should be instituted several months after the operation to determine the condition of the cervical canal, and, if conception have taken place, the condition of the cervix following delivery.

PATHOLOGY.

RECENT PAPERS.

555. CHIARI.—The Bacilli of Tuberculosis.

556. ROSENSTEIN.—Bacilli in the Urine. (*Centralbl. für die Med. Wiss.*, Feb. 3.)

557. PFEIFFER. — Tubercle-Bacilli. (*Berliner Klin. Wochensch.*, No. 3, 1883.)

558. MORISON.—Bacilli in Hard and Soft Chancres. (*Maryland Med. Jour.*, Jan. 1, 1883.)

559. SCHMIDT AND HIRSCHFELDER.—The Tubercle-Bacillus. (*New York Med. Record*, Jan. 6.)

560. BOUCHARD, CAPITAN, AND CHARRIAS.—The Bacillus of Glanders. (*Jour. de Méd. et de Chir. Prat.*, Feb. 1883.)

561. ISRAEL.—The Bacilli of Farcy. (*Berliner Klin. Wochensch.*, March 12.)

562. SANGALLI.—Bacteria of Anthrax in the Fœtus of the Cow. (*Reale Ist. Lomb. di Scienze e Lettre*, Dec. 18, 1882.)

563. KIENER.—The Relation of Tubercle to Inflammation. (*Gaz. Méd. de Paris*, Feb. 1883.)

564. LIVINGSTON.—Double Hydronephrosis from Abnormal Bending of the Ureters. (*New York Med. Record*, March 26.)

ART. 555.—*Chiari on the Bacilli of Tuberculosis.* Professor Chiari, of Prague, in an address to the Central Union of German Physicians in Bohemia, traces the gradual development of the theory of the infective nature of tuberculosis from Buhl's writings in 1857 to the discovery of a special micro-organism by Koch in 1882. The constant occurrence of old cheesy masses in cases of acute miliary tuberculosis suggested to Professor Buhl that the acute disease must be the direct result of infection from the previously existing centre. In 1868, Villemin artificially produced tubercular disease by inoculation in various ways. Many authorities—Davaigne, Recklinghausen, Klebs, and Billroth—contributed to the view that the infective material would be found to be of bacterial nature. Klebs, in 1877, delivered an address in Munich, in which he indicated as the cause of tuberculosis certain tiny corpuscular and rod-shaped bodies, and declared that he had invariably found these bodies in tubercle, that he had been able to cultivate them, and that he had obtained positive results by inoculation of them. These observations were, however, not confirmed. Until the labours of Koch and Weigert had succeeded in developing a trustworthy anatomical classification of the bacteria, the way was not clear for the discovery, by the former, of the bacillus of tubercle, which he was able to demonstrate in March 1882 at Berlin. Discussing the various methods hitherto proposed for staining the bacilli, Dr. Chiari points out the superiority of Ehrlich's method, both from its simplicity and its certainty. Having used it largely in experiments to search for bacilli in other than tuberculous tissues and fluids, he has never found that any other micro-organism than the bacillus of tubercle has been stained by its means. Especially in cases where the clinical aspect of the disease pointed to its tubercular nature, his results were invariably positive, and Dr. Chiari was led to the impression that the number of bacilli present in the sputa was in direct proportion to the severity of the disease, and that the number of spores borne by the bacilli formed a direct indication of the rapidity of the course of the tubercular disease in the lungs. These views are in complete accord with those of Dr. Heron, lately recorded, and of Drs. Balmer and Fræntzel in Germany.

E. CLIFFORD BEALE, M.B.

556. *Rosenstein on Bacilli in the Urine.*—Although bacilli have been found in the renal pelvis, they have not been observed hitherto in the urine of the living being. This void Dr. Rosenstein is able to fill from a case under his own observation (*Centralbl. für die Med. Wiss.*). A man, aged 37, of a healthy family, and previously in the enjoyment of good health, had for four years suffered pain in micturition, both before and after voiding urine. Two years since he first noticed hardness of the epididymis on the left side, and soon afterwards on both sides. The testicles were unaffected, as were also the inguinal glands, and there were no signs of pulmonary disease. Micturition was frequent; the specific gravity of the urine was 1012 to 1018; the urine was acid and contained albumen. Turbid when first passed, it exhibited numerous white flocculi about the size of a pin's head. On being left to stand, a thick greyish-white sediment was deposited, consisting mainly of pus, and a few blood-corpuscles. The white flocculi mentioned consisted of masses rich in tubercle-bacilli, which were distinguishable by staining from bacteria of putrescence.

W. B. KESTEVEN, M.D.

557. *Pfeiffer on Tubercle-Bacilli.*—Pfeiffer (*Berliner Klin. Wochensch.*, No. 3, 1883) thinks that the examination of sputa for bacilli is of value in every-day practice, if the examination be continued over three days before a negative answer is given. He recommends Long's suggestion to render the sputa fluid with a weak solution of caustic potash, and to select for examination certain greyish compact streaks, which are especially the seat of the bacilli. He uses Ehrlich's method; but the cover-slips were dried in an oven instead of being passed through a gas flame. Gentian violet was used as a stain, and the cover-slips remained in it for twenty-four hours. The back-ground stain was Bismarck brown.

558. *Morison on the Bacilli in Hard and Soft Chancres.*—Dr. R. M. Morison (*Maryland Med. Jour.*, Jan. 1, 1883), working in Neumann's laboratory, and using Ehrlich's method, has found bacilli in hard chancres and syphilitic papules, and in the secretion from them. He also found bacilli in the secretion of soft chancres; but these were quite different, much longer and thinner, more like those of splenic fever, but much smaller.

559. *Schmidt and Hirschfelder on the Tubercle Bacillus.*—Dr. H. W. Schmidt, of New Orleans, believed he had proved that Koch's bacilli are merely fat-crystals, but Dr. Hirschfelder, of San Francisco (*New York Med. Rec.*, Jan. 6, 1883), has found that, after placing the cover-glass in boiling ether and washing thoroughly with fresh ether, the bacilli could be readily shown by Ehrlich's method.

560. *Bouchard and others on the Bacillus of Glanders.*—MM. Bouchard, Capitan, and Charrias (*Jour. de Méd. et de Chir. Prat.*, Feb. 1883) have discovered a micro-organism in glanders which was cultivated to the eighth culture, when inoculation produced the disease as exactly as the original liquid from which it was taken. They do not hesitate to accept it as the specific organism with which the morbific power of the disease is associated.

Robert Saundby, M.D.

561. *Israel on the Bacilli of Farcy.*—Dr. O. Israel, (*Berliner Klin. Wochensch.*, March 12) through the kindness of Prof. Dieckerhoff, had the opportunity of examining portions of lung, from freshly killed horses, containing farcy deposits. From coagulated serum of these Dr. Israel succeeded in developing two forms of fungoid growths; one, the smaller, proved to be inert; while, from the larger bacilli, Dr. Israel succeeded in inoculating puppies with farcy. These bacilli, though less slender, had the appearance of tubercle-bacilli, but were thicker, and of about the same length. Dr. Israel inoculated puppies with bacilli of the fifth and sixth generations. Two of the inoculated animals presented the typical ulcerations of the air-passages. The inoculation had been effected between the scapulæ. One animal died without the characteristic phenomena, the other lived. The bacilli that were used were derived from the dried preparation of the lung deposits. The cultivation of the farcy *contagium* presented no difficulty, but material was for some time wanting; this was at last obtained from a living animal, the subject of boils. The contents of these were five times evacuated; but, when inoculated, gave no results. Microscopical investigation found abundance of fine nuclei in the tough puriform matter, which were looked upon as spores of bacilli. These organisms were examined by carefully employing aniline and methyl-violet colouring. The cutaneous abscesses of the upper lip from horses, suffering chronic farcy, contained numerous micrococci which also are observed in phthisis, and possibly other microscopical organisms may be found in farcy. The bacilli of farcy possess a theoretical interest, in their relation to allied parasitic disorders, of which they form a new link, and offer a new agency toward the knowledge of the spread of disease in the affected organs.

W. B. Kesteven, M.D.

562. *Sangalli on Bacteria of Anthrax in the Fœtus of a Cow.*—Professor Sangalli reports (*Reale Istituto Lombardo di Scienze e Lettre*, Dec. 14, 1882) the discovery by himself and Dr. Nosotti of an important fact not hitherto observed in the history of bovine anthrax; a fact which proves the transmission of this disease from the infected cow to the fœtus, or at least the penetration and development of the bacterium of carbuncle in the fœtus by way of the blood, the placenta not serving as a filter for its depuration, as hitherto supposed. Towards the end of last year, anthrax prevailed with some intensity in a large dairy farm near Pavia. There was no doubt of the nature of the disease. The first examination of a heifer showed quantities of bacteria, motionless, slender, almost transparent, cylindrical, straight, a few curved, ·005 to ·01 millimètre in length. A pregnant cow died; the necropsy, twelve hours after death, revealed many extravasations of blood on the surface of the internal organs, liver, spleen, kidneys (subcapsular), &c., and on the surface of the lungs (subpleural). There were many small extravasations in the primitive fibres of the voluntary muscles. In the blood of all these extravasations, many bacteria were found, and also in the myocardium and in the enlarged mesenteric glands. The spleen was twice the normal size, and more bacteria and micrococci were found in the blood of the subcapsular extravasations than elsewhere. Many were also found in the blood of the vena cava. In the uterus was found a fœtus of about four months' development; parts of all its internal organs were carefully examined. Bacilli were only found in the liver and spleen; in the liver was an abundance of short bacteria and spores; in the spleen, some short bacteria and numerous micrococci. On the day following, the examination was repeated; the bacteria and micrococci had diminished in number, and on the next day had disappeared. In their place were found the bacteria of putrefaction. A rabbit was injected in the skin of the thorax with half a centimètre of the blood of the cow, and 5 centimètres of a solution of sodium chloride. The animal died in three days; the tissues, viscera, and even the marrow of the bones, were found swarming with the same bacteria. With the blood of this rabbit, others were inoculated with the same result. A proof experiment was at the same time made with the blood of an ox. The rabbit died after six days, but no bacilli were found in the organs or in the blood. Dr. Sangalli examined the water of the drinking troughs, the roots of the grass from the graves of several heifers which had died the year before of anthrax, and the earth itself, but neither with the microscope nor by inoculation of rabbits could he find anything in confirmation of Pasteur's doctrine of the genesis of charbon.

G. D'Arcy Adams, M.D.

563. *Kiener on the Relation of Tubercle to Inflammation.*—Kiener (*Gaz. Méd. de Paris*, Feb. 11, 1883) and Poulet, in working at tubercular osteitis, arrive at the conclusion that primary tubercle causes little inflammatory disturbance in its neighbourhood, while secondary tubercle shows this to a very marked degree. It should therefore be credited, not so much to the effect of the virus as to diminution of resistance of the tissues from heredity or debilitating cause, or to some other disease not tubercle, but acting in concert with it, such as the influence of injuries, catarrh, and suppuration.

Robert Saundby, M.D.

564. *Livingston on Double Hydronephrosis from Abnormal Bending of the Ureters.*—At a recent meeting of the New York Pathological Society (*New York Med. Record*, March 24) Dr. Beverley Livingston showed specimens from the body of a child which had died five weeks after birth with suppuration of

the knee. The pelves of both kidneys were greatly dilated, and the ureters were found to be bent twice on themselves. On the left side, there was constriction at the second curve.

OTOLOGY.

RECENT PAPERS.

565. SEELY, W. — Some General Remarks on Otology. (*Cincinnati Lancet and Clinic*, July 1882; and *Annal. des Mal. de l'Oreille, du Larynx, &c.*, Dec. 1882.)

566. PURICELLI.—A Simple Method of Applying Medicated Solutions to the Nasal Mucous Membrane, or of driving them into the Middle Ear. (*Berlin. Klin. Wochensch.*, 1882, and *Mediz.-Chirurg. Rundschau.*)

567. CALMETTES. — A little-known Complication of Mumps. (*France Médicale*, 1882, Vol. ii. No. 8, and *Jour. de Méd. de Paris.*)

568. RATTEL, J. A. ADJUTOR.—Notes on History and Bibliography. Bartholomæus, Eustachius, Sanctoseverinus. (*Annal. des Mal. de l'Oreille, du Larynx, &c.*, Nov. 1882.)

569. DE LACHARRIÈRE, L. — Catheterism of the Eustachian Tube, a New Series of Instruments. (*Annal. des Mal. de l'Oreille, du Larynx, &c.*, May 1882.)

570. BOUDET.—Determination of the Auditory Sensibility. (*Ibid.*)

571. POMEROY, O. D.—The Use of Soft India-rubber Drainage-tubes in Chronic Suppurative Inflammation of the Tympanum, with Narrowing or Closure of the Meatus Externus. (*Trans. of the American Otological Society*, Vol. iii., part. 1, 1882.)

572. MATHEWSON, A.—A case of Abscess of Cerebellum following Otitis Media months after apparent cure. (*Ibid.*)

573. MERRILL, C. S.—A Case of Acute Middle Ear Inflammation with Death on the Fourth Day, from Extension of the Disease to the Brain. (*Ibid.*)

574. MCKAY, REID J.—Aural Polypus, Facial Paralysis, Mastoiditis, and Chronic Meningitis, with Recovery from the two latter. (*Ibid.*)

575. HOLT, E. E.—Boiler-maker's Deafness and Hearing in a Noise. (*Ibid.*)

576. THEOBALD, SAMUEL.—Complete Closure of both Auditory Canals following Chronic Otorrhœa. (*Ibid.*)

577. KNAPP, H.—The Treatment of Aural Polypi. (*Ibid.*)

578. BRANDEIS, R. C.—Exhaustion *versus* Inflation. (*Ibid.*)

579. FRONSTEIN, M. A.—A Case of Syphilitic Affection of the Internal Ear. (*Vrachcb. Vedom.*, 1882, No. 16, pp. 3145-7, and No. 17, pp. 3157-61.)

580. SPAMER.—The Functions of the Semicircular Canals. (Pflüger's *Archiv*, Band xxv.)

581. MOOS AND STEINBRÜGGE.—Absence of the Labyrinth from both Ears in a Deaf Mute. (*Zeitschr. für Ohrenheilkunde*, Band xi., and *Centralbl. für die Med. Wiss.*, Dec. 9, 1882.)

582. KATZ.—Cholesteatoma of the Temporal Bone: Abscess of Cerebellum. (*Berliner Klin. Wochensch.*, Jan. 13.)

ART. 565. *Seely on Otology in General.*—Dr. Seely (*Annal. des Mal. de l'Oreille, du Larynx, &c.*, Dec. 1882) considers that the object of puncturing the membrana tympani is not to evacuate morbid products in the tympanic cavity, but only to diminish the pressure exerted on the membrane. The author has himself never performed this operation, because the intratympanic pressure could always be otherwise relieved. He extols boracic acid and alcohol in suppurative otitis.

566. *Puricelli on the Application of Medicated Fluids to the Nasal Mucous Membrane and Middle Ear.*—The methods recommended by the author (*Berlin. Klin. Wochensch.*, 1882, No. 8) are as follows. During intonation of the vowel 'a' (German), the solution is poured or injected into the nostrils, respiration taking place through the widely opened mouth. The patient's head is bent backwards. If the fluid be introduced whilst the patient attempts the forcible pronunciation of 'r,' and be followed up by inflation, the liquid is driven into the middle ears.

567. *Calmettes on Deafness from Mumps.*—Dr. Calmettes (*France Méd.*, 1882, Vol. ii., No. 8) records the case of a girl, 6 years old and in good health, who, being attacked with mumps in the course of an epidemic, became almost completely deaf nearly simultaneously with the appearance of the swellings, which seem not to have been so great as usual. There was no pain, discharge, or noise. After eight months there was no change, but the patient could still hear a very loud voice. The case is similar to those described by Buck and others.

568. *Rattel on the old Masters of Otology.*—Dr. J. A. A. Rattel gives (*Annal. des Mal. de l'Oreille, du Larynx, &c.*, Nov. 1882) a very interesting account of the life and works of Eustachius, who flourished about 300 years ago.

569. *De Lacharrière on Catheterism of the Eustachian Tube.*—Dr. de Lacharrière (*Annal. des Mal. de l'Oreille, du Larynx, &c.*, May 1882) recommends eight catheters, which, as regards calibre, run in pairs, but have each a different curve. They are bulbous at the distal end, and vary in diameter from $1\frac{9}{10}$ millimètres to $2\frac{7}{10}$ millimètres. A still larger size is employed for applying caustic solutions to the Eustachian orifice.

571. *Pomeroy on the Use of Soft India-rubber Drainage-tubes in Chronic Suppurative Inflammation of the Tympanum, with Narrowing of the Meatus.*—Dr. O. D. Pomeroy (*Trans. of the American Otological Society*, July 1882), having failed by means of incisions to relieve narrowing or closure of the meatus, which he has frequently observed in chronic suppurative inflammation of the middle ear in young children, has resorted to soft India-rubber drainage-tubes with very good results. When there is much contraction a small-sized tubing (2 or 3 lines in diameter) is first used, and after a few days or weeks tubes of larger sizes are employed. The method of introduction is as follows. A stiff wire is passed into the tube, and caught in the tube near its extremity; it is then pushed forcibly onwards, until the India-rubber tube is so stretched that its diameter is scarcely larger than that of the wire itself. The tube thus stretched on the wire is gently pushed into the meatus, until the tympanum or the remains of the membrane are reached; then, with the wire still in position, the tube should no longer be held, when by its elasticity it will tend to resume its normal size and draw itself into the ear. The wire is now withdrawn, and the tube cut off at the base of the concha. When the canal is larger, the tube may be inserted by simply passing a probe through it, or without any stiffening at all. The tube is preferably of the soft black or red variety; and, in order to protect the walls of the meatus from the ichorous discharge, the sides of the tube are not perforated. By the elastic pressure of the tube, not only is the boggy swelling of the meatus reduced, but granulations or polypi in the walls of the canal

are caused to disappear. The ear may be thoroughly cleansed by simply syringing through the tube. The author gives short notes of seven cases, in which this method was employed with advantage.

572. *Mathewson on Abscess of the Cerebellum following Otitis Media months after Apparent Cure.*—Dr. Mathewson (*Ibid.*) relates the case of a girl, aged 11 years, who was brought to him on Sept. 12, 1880, with purulent discharge from the left auditory canal, which was filled with a polypoid mass; an opening over the mastoid process surrounded by exuberant granulations, and facial paralysis. There was dead bone in the mastoid. Under treatment, the discharge from the middle ear ceased, the perforation in the tympanic membrane closed, as did the mastoid opening, after the carious bone had been completely removed by applications of sulphuric acid. The facial paralysis disappeared, and the patient was discharged about Dec. 1, 1880. The hearing had risen to ten feet for ordinary conversation. On Feb. 26, 1881, she was attacked with vomiting, headache, and other symptoms, apparently due to some gastric or hepatic derangement. As these symptoms did not yield to treatment, the ear was examined and found, as before, apparently free from disease, as was also the mastoid bone. The hearing, as before, was ten feet for conversation. She had no pain in the ear; and, though there was at times headache, it was not of an agonising character. The ophthalmoscope showed no swelling of the optic nerve-disc, and the retinal vessels were not tortuous, though there was a 'peculiar dark colour, with some dilatation of the retinal veins,' which, the author says, he shall in future regard with suspicion. On March 16 she died, after a brief convulsion. Necropsy on the following day showed the meninges injected, adhesions at points over the petrous bone, and some small amount of pus under the dura, over the tegmen tympani, and in the sheath of the fifth pair; and an abscess containing about an ounce of fœtid pus in the left lobe of the cerebellum. There was no positive sign of disease of the bone or the soft parts of the ear or mastoid, except a possible softening of the tegmen tympani. In the ensuing discussion, one of the most interesting points touched on was the value of ophthalmoscopic examination in cases of suppuration of the middle ear. Dr. Kipp, since the publication of his paper on this subject, had seen several cases in which double optic neuritis was present, and, as far as he remembered, they were all fatal, perforation of the mastoid having been refused. Dr. Knapp had found the concurrence of optic neuritis with severe otitis media purulenta of rare occurrence, but in some cases it was very marked and important, as in cases of acute suppuration with internal mastoiditis. In these cases it was more pronounced in the eye of the same side than in the other, and after opening the mastoid the retrogression of the optic neuritis went *pari passu* with the progress of the recovery from the ear-disease.

574. *McKay on Chronic Meningitis from Ear-Disease with Recovery from the former.*—In this case (*Ibid.*), the patient, a man aged 22, who was suffering from chronic meningitis, consequent on aural polypus, recovered from the former under the administration of minute doses of calomel (gr. 1-10th) every few hours, until slight ptyalism was produced. There were well-marked optic neuritis on the left side and considerable congestion of the right optic disc. The neuritis gradually subsided under treatment.

575. *Holt on Boiler-maker's Deafness and Hearing in a Noise.*—Dr. Holt (*Ibid.*), as the result of the careful examination of forty boiler-makers, finds: (1) that all engaged in this occupation become more or less deaf, the degree and length of time elapsing before this occurs depending somewhat upon the tendency of the middle ear to take on catarrhal inflammation; and (2) that the deafness and the condition in which the organ of hearing is found do not differ materially from that of chronic catarrhal otitis media, since the deafness is due to a similar cause, and is owing much more to a defect in the conducting apparatus of the ear than to the perceptive part of the same organ; the exciting cause of the deafness being traceable to the constant agitation of the joints of the ossicles, thereby exciting inflammation of these structures and producing more or less ankylosis of them, particularly of the stapes. In regard to hearing better in a noise (the so-called paracusis Willisii) the author is not aware that any careful investigation has ever been made to ascertain whether a noise really improves the hearing power of certain individuals. He is, therefore, evidently unacquainted with Politzer's observations on the subject (see his *Lehrbuch der Ohrenheilkunde*, Vol. i., p. 233), from which he ascertained that this phenomenon really occurred. Dr. Holt, on the contrary, found that a noise never improved the hearing power in any case that had come under his observation.

576. *Theobald on Closure of both External Auditory Canals, following Chronic Otorrhœa.*—Dr. S. Theobald (*Ibid.*) reports a case in which on each side, instead of the normal auditory canal, there was a *cul-de-sac* measuring 2 centimètres in depth upon the right side, and 1·7 centimètres on the left. The bottom of each *cul-de-sac* was covered with skin continuous with, and similar to, that lining the outer portion of the meatus, and presenting to the probe the unyielding resistance of a bony septum. The patient was not profoundly deaf, but could understand all that was said to her if addressed in somewhat loud tones. When four years old she had had scarlatina, which left her with a purulent discharge from each ear.

577. *Knapp and others on the Treatment of Aural Polypi.*—Dr. Knapp (*Ibid.*), judging by analogy from the growth of granulations on the stump of a tendon after operations for squint, considers that the pedicle of an aural polypus gradually becomes more and more constricted as the polypus grows, thus rendering the removal of the larger tumours more easy and satisfactory than that of small ones with a larger basis. He speaks in favour of avulsion with forceps, but does not remove before a pedicle is formed. He uses, in order of frequency, Hinton's forceps, Wilde's or Blake's snare, Politzer's ring-knife, and O. Wolf's sharp spoon. Small polypi or the roots of large ones he treats with alcohol and boracic acid. In the discussion following on the reading of this paper, Dr. Theobald remarked that a short time before, in removing a polypus by avulsion, he had pulled out the malleus and a portion of the membrane, but without any serious consequences resulting. Dr. Pomeroy preferred avulsion with forceps. Dr. John Green also recommended avulsion in proper cases and with reasonable precautions, and spoke highly of the careful application of chromic acid. Dr. Kipp cautioned against too frequent removal of granulations, as liable to set up inflammation. Dr. Brandeis was in favour of applications of the galvanic

cautery, although his experience of this method was limited to two cases. Dr. H. D. Noyes thought that blowing boracic acid into the ear did about as little good as if it were blown into the mouth. He was in the habit of introducing it through a quill, ramming it down with a piston. For polypi attached to the tympanum, he thought avulsion was not proper. He had not met with much success with alcohol. Dr. Prout had likewise obtained little satisfaction from alcohol. Dr. W. W. Seely was not much in the habit of removing polypi, especially in children, unless they were distinctly pedunculated; for the restlessness of the child and the pain caused by the operation made it almost impossible to do so. He resorted more commonly to chromic acid, which he introduced in crystal on a probe wrapped in cotton. He thought that boracic acid acted by the pressure which it exerted. Dr. Orne Green preferred the snare. Within the previous month he had seen as many as five polypoid growths arising, as far as could be told, directly from the ossicles. Dr. Knapp, in replying, said that in recommending small polypi to be let alone, treating them only with mild remedies, he did so not alone on theoretical grounds, but from a good deal of experience.

578. *Brandeis on Exhaustion versus Inflation.*—Dr. Brandeis (*Ibid.*) brings forward the drawbacks of inflation, especially the increase of pressure on the foot-plate of the stapes which it is apt to produce, and recommends the systematic employment of suction by means of an exhausting syringe, attached to an ordinary Siegle's speculum. As soon as the patient experiences the slightest pain, the exhaustion should be stopped. The author not only employs it in chronic cases of disease of the middle ear, but also for the removal of inspissated cerumen, where the force of the current of water gives rise to unpleasant sensations.

E. Cresswell Baber, M.B.

579. *Fronstein on a Case of Syphilitic Affection of the Internal Ear.*—Dr. M. A. Fronstein gives (*Vracheb. Vedom.*, 1882, Nos. 16 and 17) a very detailed account of a case of syphilitic disease of the ear in a male patient, aged 40. It was at first localised in the middle ear, and caused sudden deafness and tinnitus aurium; it then also invaded the internal ear, producing sudden symptoms of Menière's disease. Mercurial inunctions and iodide of potassium brought, at the end of fifteen days, a very considerable improvement; the hearing distance increased from 0 to 21 feet; the vertigo and noises disappeared. The author, after this, lost sight of the patient. Dr. Fronstein thinks that the accumulation of cases like the above might bring to an end such disputes as that between Roosa (see the London Medical Record, May 1880, p. 204) and Sexton (*ibid.*, Dec. 1879, p. 513).

V. Idelson, M.D.

580. *Spamer on the Functions of the Semicircular Canals.*—In a communication to the Berlin Academy of Sciences (Jan. 13, 1881), Dr. B. Baginsky relates experiments on the effects of injections into the middle ear of rabbits. He shows how the turning of the head and nystagmus occur when the fluid breaks through the fenestra rotunda into the subarachnoid space, and how, by injection at higher pressure, or of chemically active fluids, death ensues from inflammation of the neighbouring brain-substance. He seeks further to prove that all irregularity of movement consequent upon operations in the semicircular canals is solely due to brain lesion. Dr. Spamer (Pflüger's *Archiv*, Band xxv.) criticises this opinion. He says that the consequences of removal of the entire labyrinth must not be compared with those of localised injury to a canal, since permanent disturbance of equilibration is the result of excitation, while total destruction causes only a fugitive perturbation; he recalls the fact that the whole of the internal ear may be destroyed by inflammation without any symptoms of giddiness, and remarks that it is possible that in Dr. Baginsky's experiments a brief stage of excitation may have been overlooked. Nor does Spamer's experience agree with Baginsky's with regard to the collateral injuries inseparable from operations on the canals; he rejects as unsatisfactory all experiments in which there should have been hæmorrhage, superficial or deep, of the cerebellum, or medulla, or restiform bodies, &c. He agrees, however, with Baginsky in attributing rotation of the head to secondary inflammation of the cerebellum. He is opposed to the notion that the disturbances due to injury of a single canal can be due to mere escape of subarachnoid fluid, inasmuch as the falling tendency differs according to the canal injured, whereas it should be indifferent if it depended on escape of fluid by the aquæductus vestibuli. Also the disturbance is in proportion to the amount of membrane removed, not to the quantity of spilled lymph, and it is greater with transverse than with longitudinal incision. These facts and also the action of chemical fluids on the uninjured membranous canals, and that of a heated point, can hardly be made to agree with Baginsky's supposition.

A. Waller.

581. *Moos and Steinbrügge on Absence of the Labyrinth from both Ears in a Deaf-Mute.*—Messrs. Moos and Steinbrügge (*Zeitschr. für Ohrenheilkunde*, Band xi., and *Centralbl. für die Med. Wiss.*, Dec. 9) observed the above in the body of a deaf mute, aged thirty-five, who had died of phthisis. There was, moreover, no trace of cochlea. Examination of the auditory nerves showed that a portion of its fibres was normal in structure, whilst in others in the immediate neighbourhood the medullary matter was scanty, or altogether lost. There were an immense number of varicose enlargements. Independently of a great number of normal, and more than normal, broad fibres, which exhibited numerous variocosities, the authors found a great many non-medullated fibres, with numerous enlargements. The terminations of the nerve-fibres, accompanied by branches of the artery, passed into the bone, and could not be traced further.

W. B. Kesteven, M.D.

582. *Katz on Cholesteatoma of the Temporal Bone, with Abscess of the Cerebellum.*—A case of cholesteatoma of the temporal bone, without caries, in which death occurred from abscess of the cerebellum, is described by Dr. L. Katz, of Berlin, in the *Berliner Klin. Wochensch.*, Jan. 13, 1883. Cases of cholesteatoma of the temporal bone belong to the class of diseases of the ear which, unfortunately, seldom afford evidence of their existence and nature during lifetime. Thus in their early stages they are overlooked, unless by pressure on neighbouring structures they give rise to pain and deafness. Certain proof of the existence of the cholesteatoma is afforded at times by the coming away of small fragments of the growth spontaneously, or by injections. In the course of the last five years Dr. Katz has met with at least a dozen cases in which portions, of the size of a bean or prune, have been washed out by injec-

tions, frequently with immediate relief. The tumour does not originate in the bone as a new growth, but is occasioned by accumulation of the product of desquamation after inflammation of the middle ear, combined with polypoid growth. The case under consideration was that of a pianoforte-maker, thirty-eight years of age, who was said to have had a polypus removed from his left ear about four years previously, since which his hearing had been almost normal. In 1868 he had suffered from typhus, and in 1871 from small-pox, probably attended with some affection of the organs of hearing. In September last, he came under the care of Dr. Katz for severe pain in and profuse discharge from the ear. The entrance to the meatus was red and swollen, so that inspection of deeper parts was impracticable, each attempt being attended with a profuse flow of pus; this being absorbed by pledgets of lint, it became possible, after eight days, to get an imperfect view of the tympanum. A perforation, through which the handle of the malleus could be seen, was observable at the upper part of that membrane. Pressure on the mastoid process did not cause pain. The treatment consisted in washing out the meatus and the removal of a small polypus which was visible at the bottom of the meatus. The patient improved, until on the eighth day he was suddenly seized with severe pain on the left side of the head and about the mastoid process. The outer orifice of the ear was completely closed, through tumefaction of the superior wall; a profuse discharge of pus occurred from the ear; the pulse became slow; paralysis took place in the abducens nerve of the left eye; there was no other facial paralysis. A rhythmical contraction of both sterno-cleido-mastoid muscles caused a nodding of the head about every ten minutes. The patient died suddenly. On *post mortem* examination an encysted abscess, about the size of a walnut, was found in the left lobe of the cerebellum. On removing the dura mater from the petrous bone, a pearly white laminated mass was found to have pressed on, and to have caused absorption of, the bone for an extent of about 2½ centimètres, penetrating the tympanum and opening out to the meatus posteriorly. The auditory ossicles were unaffected, and caries was nowhere to be detected. Dr. Katz traces the origin of this growth to the consequences of the suppuration in the middle ear, the result of small-pox in 1871.

W. B. Kesteven, M.D.

SYPHILOGRAPHY.

RECENT PAPERS.

583. Thiry.—Gonorrhœal Rectitis. (*Presse Méd. Belge*, No. 26, 1882.)

584. Thiry.—Constitutional Syphilis complicated with Anthrax; Embolic Clots in the Heart; Rapid Death. (*Presse Méd. Belge*, No. 29, 1882.)

585. Chiari, Hanns.—On Gummy Osteomyelitis of the Long Bones. (*Viertelj. für Derm. und Syph.*, Heft 3, 1882.)

586. Chiari, Ottokar, and Dworak.—Laryngeal Affections in early Syphilis. (*Viertelj. für Derm. und Syph.*, Heft 3, 1882.)

587. Diday.—Contribution to the Natural History of Syphilis. (*Annales de Derm. et de Syph.*, Nos. 9 and 10, 1882.)

588. Coen.—Statistical Notes on the Venereal Ulcerating Bubo. (*Giornale Ital. delle Mal. Ven. e della Pelle.* Dec. 1882.)

589. Gilles de la Tourette.—On Subcutaneous Injections of Iodide of Potassium. (*Le Progrès Médical*, No. 1, 1883.)

590. Barthélemy.—The Influence of Alcoholism on Syphilis. (*Annales d'Hygiène Publique et de Méd. Légale*, Jan. 1883.)

591. Sharkey.—Syphilitic Disease of the Cerebral Arteries. (*Ibid.*)

592. Sharkey.—Syphilitic Inflammation of the Capsule of the Liver. (*Ibid.*)

593. Engel, Hugo.—Syphilitic Hepatitis in Children. (*Amer. Jour. of Obstetrics*, Jan. 1883.)

594. Sternberg.—The Micrococcus of Gonorrhœal Pus: Infective Virulence not Due to the Presence of this Parasitic Organism. (*Phil. Med. News*, Jan. 20 and 27, 1883.)

595. Bernard.—The Site of the Initial Manifestation of Syphilis in the Male Genital Organ. (*Liverpool Med. Chir. Jour.*, Jan. 1883.)

596. Eklund.—Note on the Micro-organisms of Gonorrhœa. (*Annales de Derm. et de Syph.*, Nos. 9 and 10, 1882.)

597. Morison.—On the Presence of Bacteria in Syphilis. (*Wiener Med. Wochensch.*, No. 3, 1883.)

598. Martineau.—Syphilis in the Monkey. (*Gazette des Hôpitaux*, No. 12, 1883.)

599. Gallard.—Simple Vaginitis, and Virulent or Gonorrhœal Vaginitis. (*Ibid.*, No. 15, 1883.)

600. Lucas. — Syphilitic Gumma of the Pharynx. (*Practitioner*, Feb. 1883.)

601. Robinson, Tom.—On Discharges of Pus from the Male Urethra which are not Gonorrhœal. (*Brit. Med. Jour.*, Feb. 3, 1883.)

602. Higgens.—Gummata of the Sclerotic. (*Brit. Med. Jour.*, Feb. 10, 1883.)

603. Patterson.—An Exposure of the Contagious Diseases Acts and of Government Lock Hospitals. (*Glasgow Med. Jour.*, Feb. 1883.)

604. Lowndes.—A Defence of the Contagious Diseases Acts and of Government Lock Hospitals. (*Glasgow Med. Jour.*, March 1883.)

605. Park.—The Mercurial and non-Mercurial Treatment of Syphilis. (*Ibid.*)

606. Lucas.—A Case of Syphilitic Ozæna, for which Rouge's Operation was Twice Performed. (*Lancet*, Jan., p. 93.)

607. Main.—Active Local Treatment in Gleet. (*Brit. Med. Jour.*, Feb., p. 310.)

608. Tothill.—Permanganate of Potash in Gonorrhœa. (*Lancet*, Jan., p. 45.)

Art. 583. *Thiry on Gonorrhœa of the Rectum.*—Professor Thiry remarks (*Presse Méd. Belge*, No. 26, 1882), that both reason, and the cases which he has observed from time to time, compel him to believe in the reality of gonorrhœal inflammation of the rectum, an affection which is not recognised by many authors. He then relates the following case. A woman, aged 24, a clandestine prostitute, was admitted into the Hôpital St. Pierre, Brussels, complaining of weight and shooting pain in the pelvis, pain in defecation, and a constant thick discharge from the bowel. Walking also was difficult. On examination, there was a well-marked funnel-shaped depression of the anus, the anal folds were obliterated, and the sphincter was weak and dilated. A vaginal speculum of ordinary size passed easily and without causing pain. On washing away the abundant thick discharge, the lower portion of the rectum was seen to be acutely inflamed and studded with bright red points, which bled when wiped with wool. The follicles in the rectal folds were enlarged, and discharged pus. The patient confessed that she had had relations with men who

were suffering from clap. Solution of borax was used locally at first; afterwards red cinchona bark was applied to the mucous membrane, and, finally, an injection of oak-bark was used. Under this treatment, combined with sitz-baths, and the internal administration of iron, the woman recovered in about three weeks.

585. *Chiari on Gummy Osteomyelitis of the Long Bones.*—Professor Hanns Chiari, of Prague, after remarking (*Viertelj. für Derm. und Syph.*, Heft 3, 1882) on the small number of cases of this kind on record, and quoting the opinions of numerous authors on the subject, proceeds to give an account of ten cases in which he found gummy growths in the medulla of long bones. The first case specially observed by the author was that of a woman, aged 38, under the care of Professor Sigmund in 1876. She had suffered from syphilis for many years. Gummata were found in the humerus and femur, the liver was puckered, and there was tuberculosis of the lungs and bowels. Since that time Dr. Chiari has examined as many of the long bones as was practicable without disfiguring the bodies, in all the subjects of inveterate syphilis which came to the *post mortem* room. The number of cases of severe acquired syphilis thus examined was twenty-seven, and in nine of them gummata were found in the medulla of one or more of the long bones. Case 1.—Female, aged 59. Gummata in the marrow of the lower half of the humerus. Case 2.—Male, aged 31. A gumma the size of a nut in the medulla of the lower part of the left radius. Case 3.—M., aged 52. A gumma the size of a bean in the medulla of the left humerus near its upper end. Case 4.—F., aged 60. In the medulla of both tibiæ, one femur, and one humerus, several gummata the size of nuts. Case 5.—M., aged 41. Two gummata as large as nuts in the medulla of the lower third of the right femur. Case 6.—F., aged 33. Two gummata in the medulla of the right femur towards the lower end. Case 7.—F., aged 45. Several gummata in the upper and lower portions of the medulla of the right tibia. Case 8.—F., aged 34. Numerous gummata as large as peas in the medullary canal as well as in the spongy tissue of both femora, also one nodule in the medulla of the right tibia. Case 9.—M., aged 34. In the medulla and spongy tissue of both tibiæ numerous nodules, some being as large as a pigeon's egg; necrosis of the lower epiphysis of the right tibia. The author remarks that all these were undoubtedly cases of gummy osteomyelitis. Under the microscope the growths presented the usual appearance of gumma, and also corresponded with syphilitic new growths elsewhere in their tendency to partial and central caseation. The anatomical details were not the same in all the cases. In some the new growth was white and gelatinous; in others it was fibro-gelatinous. In most cases there was central caseation except in the smaller nodules. In size the growths varied from that of a nut to that of a pea. The number also varied much, but as a rule the growths were multiple. In Case 9 there were eleven in the medulla of the two tibiæ, and eleven in the spongy tissue. The most usual seat of gummata in bone cannot be decided from these cases, as all the bones could not be examined. In the ten cases the growths were found in the femur six times, in the tibia five times, in the humerus four times, and in the radius once. In some instances the surface of the affected bone was thickened, but in others it was unaffected. Thus deep gummata cannot always be diagnosed by the outside appearance of the bone. The symptoms of deep gumma are very rarely clearly marked. Only once in the ten cases (Case 9) was the presence of gummata made anything like certain by the history of osteocopic pains. The termination of central gummata in bone varies. The growths may remain stationary for a long time, or may be wholly absorbed, or may give rise to sclerosis, or may degenerate so that only a scar remains. They often occasion the so-called spontaneous fractures. They may also be the cause of central necrosis; but of this the author has no direct anatomical evidence.

586. *Chiari and Dworak on Laryngeal Affections in Early Syphilis.*—Drs. Ottokar Chiari and Dworak examined with the laryngoscope in five months more than 200 patients who were suffering from recent syphilis or from a repetition of the earlier symptoms, all cases where gummata or other tertiary lesions were present having been rigidly excluded (*Viertelj. für Derm. und Syph.*, Heft 3, 1882). For various reasons some of them were rejected, the numbers dealt with by the authors in the present communication being 164, viz., 108 men and 56 women. Of these 30 had well-marked, and about 35 slight redness and swelling of the laryngeal mucous membrane; 24 had catarrh; and 12 showed characteristic syphilitic changes in the larynx. *Erythema.*—Of the 164 cases examined there was well-marked diffuse redness with or without swelling in 30, sometimes accompanied by deep redness of the throat, but often by redness of varying intensity down to normal. One-third of the cases of intense erythema occurred from six to ten weeks after contagion. In 7 cases there was also considerable swelling of the mucous membrane; and in 17 erythema of the throat was present. There is no doubt that redness and swelling of the larynx do occur in syphilis, but the condition cannot with certainty be distinguished from that caused by ordinary catarrh, except by other evidence of syphilis. The authors have never seen the circumscribed maculæ, which Jullien and Fauvel consider to be characteristic of syphilis. *Catarrh.*—This can only be diagnosed from catarrh due to other causes by the history, by other signs of syphilis, and by the effect of treatment. Twenty-four of the 164 patients had catarrh. In six there was acute catarrh with well-marked hoarseness; three of them having also redness, paresis, and superficial erosions of the vocal cords, and the other three redness and paresis with more severe hoarseness. All had other signs of syphilis, such as papules of the throat or genital organs, or psoriasis of the palms or soles, and all soon recovered under treatment. In the remaining eighteen cases the catarrh was chronic, and was not influenced by general specific treatment. *Mucous patches or papules* were present in five of the 164 cases. In three, the seat was the vocal cords; the duration was from three to five weeks, and the lesions disappeared entirely without leaving any scar. In one case the epiglottis was attacked, and in one the interarytenoid commissure was the seat of papules and erosions twelve weeks after contagion. In all five cases, mucous patches were present on the tonsils or at angles of the mouth. The time of appearance varied from sixteen weeks to eight months after contagion. *Ulcers.*—In four cases, superficial ulcers resulting from disintegration of papules were observed. In one, the vocal cords alone were affected; in one, the interarytenoid folds; in one, the vocal cords as well

as the interarytenoid space ; and in one, ulceration of the vocal cords was accompanied by much œdema over the arytenoid cartilages. All these occurred in patients from seven to eighteen months after contagion. Two recovered under general treatment, and the other two were lost sight of. Lastly, three patients showed other laryngeal lesions which, from their course, &c., were considered to be due to syphilis. Of these, one had deep ulcers with red swollen edges on both processus vocales ; this case recovered under general treatment. One had a raised whitish patch over the right arytenoid cartilage : the third had a roundish swelling, of the size of a lentil, behind the right processus vocalis, and the vocal cord on the same side thickened to three times its natural size. The appearance and disappearance of these lesions corresponded with those of mucous patches of the mouth. Besides reporting the cases just mentioned, the authors enter at considerable length into the subject of early laryngeal syphilitic affections, and quote the opinions of a large number of writers. Four coloured drawings of syphilitic lesions of the larynx accompany the paper.

588. *Coen on the Statistics of Virulent Bubo.*—Dr. Edmondo Coen, of Bologna, publishes (*Giornale Ital. delle Mal. Ven. e della Pelle*, Dec. 1882) an account of the conclusions at which he has arrived from a study of 80 cases of virulent bubo in the clinic of Professor Gamberini. Of the 80 cases the bubo was single in 66 (38 right and 28 left) and double in 9, all these being male patients. In the remaining 5 cases the patients were women. The following are the conclusions drawn by Dr. Coen from these cases. 1. When the soft chancre occupies a clearly defined situation to the right or left of the middle line of the penis, the bubo is on the corresponding side of the body in 83·33 cases per cent. 2. Soft sores of the preputial region are those which most frequently give rise to ulcerating bubo (in the proportion of 48 per cent.). 3. Crossed bubo (bubo on the side opposite to the sore) occurs 7·74 times per cent. 4. The bubo appears during the first three weeks after the appearance of the sore in 81·25 per cent. (Of the 80 cases noted by Dr. Coen, the buboes appeared during the first week in 20, during the second week in 27, during the third week in 18, during the fourth week in 7, and after the fourth week in 8.) 5. Bilateral bubo was noticed 11·25 times per cent. Soft sores on or near the frænum are those which most frequently cause double bubo (55·55 per cent.). 6. Women are far less liable to bubo than men (6·25 per cent.). 7. 21·25 per cent. of ulcerating venereal buboes are complicated with periadenitis.

590. *Barthélemy on the Influence of Alcohol on Syphilis.*—In a paper read before the Société de Médecine Légale, M. Barthélemy states (*Annales d'Hygiène publique et de Méd. Légale*, Jan. 1883) that the effects of alcoholism may be shown at the very outset of syphilis by the form, depth, induration, and unhealthy aspect of the initial lesion, as well as later on by the intensity of the secondary symptoms. The author collected all the cases under the care of M. Fournier at the Hôpital St. Louis in which the symptoms, especially the affections of the skin, were unusually severe, and found that almost all the worst cases in men occurred among coachmen, labourers, butchers, and others much given to drink. All the women who suffered severely were barmaids. The large number of these women who suffer from syphilis, and who came under treatment at the Lourcine and St. Louis Hospitals, is also dwelt on ; and the author concludes by urging that drinking bars in which women serve ought to be regulated by law, on moral as well as on hygienic grounds.

593. *Engel on Syphilitic Hepatitis in Children.*—A previously healthy girl, aged 10, began to suffer a year before she came under Dr. Engel's notice from loss of appetite, wasting, sour eructations, sluggish bowels, and lassitude (*Amer. Jour. of Obstetrics*, Jan. 1883). The child was treated for worms, scrofula, and dyspepsia. Change of climate and a sea voyage had also been tried without benefit. Finally the abdomen began to swell, and the patient was confined to her bed. When seen by Dr. Engel the child was emaciated, the face wrinkled, the eyes dull, the skin of a dirty yellow colour, and the deformity of the teeth described by Hutchinson was present. The chest was normal. The abdominal veins were full, and there was much ascites and tympanites. The urine was free from albumen. Dr. Engel diagnosed syphilitic hepatitis, principally by exclusion and the failure of previous treatment. Paracentesis was performed, and nearly a gallon of fluid removed, after which the liver was found to extend to within half an inch of the iliac crest. The liver was soft and slightly tender, with a smooth even margin. The spleen was moderately enlarged. Under mercurial inunction and iodide of potassium internally, the child had greatly improved in a little over two months, and there had been no return of ascites. In six months the child was in good health, and the liver and spleen had become normal in size. Dr. Engel mentions that he had a similar case in 1872 in a child seven years old, who also recovered under mercurial inunction and iodide of potassium. Dr. Engel thinks the essential points in the diagnosis of such cases are occasional ill-health not attributable to any evident cause ; peculiar colour of the skin and cachectic appearance ; ascites, which comes on gradually with absence of the usual causes—*e.g.* tubercular peritonitis or cancer ; absence of pain, and almost of tenderness ; absence of bleeding from the nose, stomach, or bowels ; great enlargement of the liver and spleen, the margin of the former being smooth ; dyspepsia without other symptoms ; success of anti-syphilitic treatment ; and the fact that in all the reported cases of hepatitis due to inherited syphilis, the patients were females.

594. *Sternberg on the Micrococcus of Gonorrhœal Pus*, &c.—In the *Philadelphia Med. News*, Jan. 20 and 27, 1883, Dr. Sternberg gives a detailed account of his researches on this subject, together with the results of various experiments on man and the lower animals. The first experiments consisted in the inoculation of a dog in the urethra and right eye, of a bitch in the vagina and right eye, and of a puppy in the vagina and right eye, with pus obtained from the urethra of a patient with gonorrhœa, by means of cotton wound round the end of a probe. This was then vigorously rotated in the urethra, vagina, or conjunctival sac of the animal. All these experiments, as well as others made on rabbits, were unsuccessful. The next experiments were made by Dr. Hirschfelder, with culture fluids prepared by the author, on patients in a hospital at San Francisco. The pus from which the culture-fluid was prepared was obtained from cases of acute gonorrhœa which had not been subjected to any local treatment. In the first experiment of this kind, the culture-fluid (fifteenth) containing the micrococcus of gonorrhœal

pus was introduced into the urethra of three men on small wads of cotton thoroughly moistened and left *in situ* for fifteen minutes. All these patients were suffering from chronic diseases which obliged them to remain in bed. In the next experiment, a fresh culture (fourteenth) from another recent case of gonorrhœa was introduced in the same way as before into the urethra of one of the subjects previously experimented on. In all the foregoing cases the culture-fluid (rabbit bouillon) was neutral. In another case a slightly alkaline culture-fluid (thirteenth) was introduced into the urethra of another man. Finally, a culture-fluid (thirtieth, or above) was employed as before on two other healthy men. In all these seven experiments, the results were entirely negative. Again, injection into the male urethra of one cubic centimètre of a third culture from gonorrhœal pus failed to produce any effect; and this was repeated by the author several times with the same result. Other experiments with reference to the nature of the organism found in gonorrhœa were also made by the author, who remarks, as the result of his researches, that the question of the cause of the virulence of gonorrhœal pus remains where he found it. The micrococcus found in every specimen of gonorrhœal pus examined is an accidental parasite, which has nothing to do with the special virulence of the fluid. The organism in question is, according to Dr. Sternberg, identical with the micrococcus ureæ (Cohn), which has been shown to be the cause of alkaline fermentation in urine (Pasteur). The following is a summary of the results of the author's experimental researches on the subject. 1. Microscopical examination of numerous specimens of gonorrhœal pus from a number of cases has demonstrated the constant presence of the micrococcus above-mentioned. 2. On inoculating a sterilised culture-fluid with a small quantity of gonorrhœal pus at the moment of its escape from the meatus urinarius, and placing this in a culture-oven for a few hours, an abundant development of micrococci takes place. 3. The micrococci present in all cases the same morphological characters, and no other micro-organisms than these appear in a hermetically sealed flask inoculated as above indicated. 4. These micrococci introduced beneath the skin of a rabbit produce no noticeable result. 5. Culture-fluids containing these micrococci, introduced into the healthy male urethra, do not give rise to specific urethritis or any other noticeable result. 6. Culture-fluids containing these micrococci, on being added to acid urine recently passed and free from micro-organisms, cause it to undergo alkaline fermentation. 7. Urine which has spontaneously undergone alkaline fermentation contains a micrococcus identical in appearance with those obtained by cultivation from gonorrhœal pus.

595. *Bernard on the Site of the Initial Lesion of Syphilis.*—In 120 male patients examined by Mr. Bernard (*Liverpool Med. Chir. Jour.*, Jan. 1883) the site of the initial lesion was—the furrow, 53 times; the inner prepuce, 57; the outer prepuce, 10; the free margin, 2; the corona, 31; the glans, 10; the sheath, 18; the meatus, 6; the frænum, 6 times; and the urethra once.

596. *Eklund on the Micro-organisms of Gonorrhœa.*—In a note on this subject in the *Annal. de Derm. et de Syph.*, Nos. 9 and 10, 1882, Dr. A. F. Eklund states that he has examined under the microscope, in a series of cases of gonorrhœa, both the pus itself and also the superficial layer of mucous membrane removed from the fossa navicularis of the urethra. The gonococcus described by Neisser and others was found to be constantly present; but the author cannot agree with those who consider the organisms in question to be specific and peculiar to gonorrhœa, for he has found similar bodies in cases of acute and chronic ulceration of the intestine and lungs, as well as in ulcerating stomatitis. Dr. Eklund also states that gonorrhœal pus contains filaments of mycelium, which he calls ediophyton dictyodes. Further, in all cases in which he has examined the pus and superficial layers of soft chancres, he has found micrococci identical with the gonococcus of Neisser, as well as the ediophyton dictyodes. Dr. Eklund is, therefore, of opinion that the virus of soft chancre and that of gonorrhœa are identical; the only difference being in the localisation of the parasite, which sometimes develop on the surface of the mucous membrane, and at others in the substance of the derma. Soft chancre requires for its production a solution of continuity, while the gonococcus of Neisser and the edioptyton dictyodes have sufficient inherent vital force to invade the unabraded mucous membrane of the urethra.

597. *Morison on Bacteria in Syphilis.*—Dr. Morison, of Baltimore, gives an account in the *Wien. Med. Wochensch.*, No. 3, 1883, of certain observations carried out by him on the secretions of fifteen syphilitic persons attending the clinic of Professor Neumann in Vienna. The material examined consisted of the discharge of indurated chancres and of syphilitic moist papules. The secretion, having been carefully collected, was spread in a thin layer on a cover-glass, dried, and warmed gently over a flame. The preparation was then immersed in acetic acid, and afterwards in absolute alcohol. After being again dried, it was stained with methylene blue or fuchsin, the latter being preferable. After remaining for half an hour in the staining solution, which was also gently warmed, the specimen was steeped in a solution of nitric acid (1 in 6). Since the author has adopted this method, he has never failed to find bacteria in the discharges of hard chancres and syphilitic papules. In some cases also excised papules were examined, and their under surface, as well as the blood from the cut surface, appeared to be richer in bacteria than the secretions just mentioned. In the substance of chancres and papules, bacteria, though present, were difficult to find. A one-fifteenth Reichardt oil-immersion lens and an Abbé condenser were employed. The organisms appear as cylindrical rods, which lie together in groups for the most part. They all have the same form, and, owing to their being deeply stained, are easily distinguished from the surrounding tissue. Dr. Morison also examined the pus of soft chancres, and found organisms which he considers to be quite different from those found in syphilis. The former are longer and thinner than the latter, and, except that they are smaller, much resemble the bacillus of anthrax. As test-experiments, Dr. Morison examined also the blood of healthy persons, and the secretions of acne-pustules, pustular eczema, and pemphigus, but he never found bacteria in any of them. ARTHUR COOPER.

600. *Lucas on a Case of Syphilitic Ozæna for which Rougé's Operation was Twice Performed.*—Mr. Clement Lucas, in the *Lancet*, Jan. 1883, p. 93, notices that this operation has been little practised in this country, and says that, although some autho-

rities consider it a very grave operation, he regards the dangers as trivial. It is far superior to the operation designed by Lawrence, in which the nose was dissected up without the lip, and which is suitable in some cases of polypi of great size which distend the side of the nose and cheek. The notes of the case are briefly as follows. T. A., aged 19, had for three years suffered from a foul-smelling discharge from the nostrils, and many small fragments of bone had come away; at length the smell became unbearable to any one near the patient, and an operation was decided upon. The patient was put under an anæsthetic, the upper lip everted, and an incision made through the tissues between the lip and the gum; the lip was dissected up to the nostrils, the cartilages were next separated from the bones, and the nose and upper lip raised together from the front of the nasal cavity, thus giving considerable space for removing bone by the forceps. Several fragments were removed, and three of larger size. Afterwards the lip was replaced, and, a pad of lint being placed over it, a piece of strapping was carried across to retain it in position. Small fragments continued to come away, and about a month after the operation a large loose piece of dead bone was felt; this was removed through the nostril, and turned out to be one of the turbinated bones. A few days after more dead bone was felt, and, being unable to remove it, Mr. Lucas again performed Rouge's operation, this time removing a black offensive piece of bone and some fragments. The lip was afterwards strapped down as before, and the patient was soon discharged much relieved, and free from the offensive smell. [A very excellent plate, showing how much space is gained by Rouge's mode of operating, is given by Mr. Harrison Cripps in the *Lancet*, Vol. i., 1877, p. 642.—*Rep.*]

607. *Main on Active Local Treatment in Gleet.*—Dr. Main, in the *Brit. Med. Jour.*, Feb. 1883, p. 310, notes a case of a patient, aged 19, who came under his treatment suffering from gleet of five weeks' duration, following upon a sharp attack of gonorrhœa. The discharge was abundant and purulent. Exploration with a bulbous-pointed catheter showed that the raw surface lay just behind the fossa navicularis. Local treatment was decided upon, and the patient was kept in bed; a few hours previously to the operation thirty minims of laudanum were given. The orifice of the urethra being closed by lateral pressure with the fingers, a medicated urethral bougie, containing half a grain of nitrate of silver, was inserted. The patient was kept in bed for a few days, and had a sharp urethritis, which passed off rapidly, leaving no symptoms of gleet.

608. *Tothill on Permanganate of Potash in Gonorrhœa.*—Mr. Tothill, in the *Lancet*, Jan. 1883, p. 45, writes that he has had great success in the treatment of gonorrhœa by using injections of permanganate of potash; from two to four drachms of Condy's fluid to half a pint of water is strong enough for injection, and a small syringeful used several times a day is successful in nearly every stage of gonorrhœa, acute or chronic. In the *Lancet*, Jan. 1883, p. 86, Surgeon A.M.D. and Mr. Husband, write stating the great success they have met with in using injections of Condy's fluid in gonorrhœa. [A reference to section 1178 : 1 of the *Medical Digest* shows that the value of permanganate of potash has been long recognised by many observers for nearly twenty years.—*Rep.*]

Richard Neale, M.D.

TOXICOLOGY AND MEDICAL JURISPRUDENCE.

RECENT PAPERS.

609. Roberts.—Water Contaminated with Lead. (*Brit. Med. Jour.*, Feb., p. 391.)

610. Macallan.—Reinsch's Test. (*Brit. Med. Jour.*, Feb., p. 371.)

611. Routh.—Apomorphia in Poisoning. (*Lancet*, Dec. 3, 1882, p. 1073.)

612. Fronmüller.—Pilocarpin and Homatropin. (*St. Petersb. Med. Wochensch.*)

613. Grünstein, M. T.—On a Case of Poisoning by Carbolic Acid. (*Proceedings of the Tula Med. Soc.*, 1881-82.)

614. Tamassia.—On the Possibility of the Spontaneous Return of the Lung to the Atelectatic State. (*Riv. Sper. di Fren. e di Med. Leg.*, Anno VIII., Fasc. iii. and iv., 1882.)

Art. 609. *Roberts on Water contaminated with Lead.*—Dr. A. Roberts, in the *Brit. Med. Jour.*, Feb. 1883, p. 391, in reference to remarks made by Mr. Wigner on the water of Keighley, says that he has examined hundreds of specimens of water for lead after filtration through every kind of charcoal and carbon filter he could meet with, and that he has always found that the lead was removed from the water thus filtered.

610. *Macallan on Reinsch's Test.*—Mr. Macallan, in the *Brit. Med. Jour.*, Feb. 1883, p. 371, in a paper read before the Society of Public Analysts in Dublin, says :—'In testing for arsenic by Reinsch's method, there is a serious source of error which seems to have been overlooked : I allude to the deposition of free sulphur, together with cupric sulphide, on the copper, and its sublimation when heated. When heated in a tube, the sulphur forms a sublimate having a general appearance and behaviour similar to that of arsenious oxide in small quantity, being white; and, resubliming unaltered, under the microscope it is seen to consist of globules. When, however, they are so small as to render their outlines indistinct, they resemble closely the crystals of arsenious oxide in transparency, lustre, and aggregation.'

611. *Routh on Apomorphia in Poisoning.*—Dr. Amand Routh, in the *Lancet*, Dec. 1882, p. 1073, gives two cases in which he used apomorphia with much success in patients who had taken poison. Dr. Routh says that in apomorphia we have a drug which will produce prompt emesis without lowering the patient, or producing any narcotic effects. The dose recommended is $\frac{1}{15}$th to $\frac{1}{5}$th of a grain subcutaneously; it is best kept in a solution of 1 in 50 strength. Vomiting occurs in from two to five minutes, the contents of the stomach being usually voided in one rush, without previous nausea, but with violent and visible muscular action of the walls of the stomach. Dr. Routh concludes by saying that apomorphia fails to cause emesis during chloroform narcotism; but no other drug seems to be antagonistic to it, and there is no reason why it should not be used to get rid of morphia itself. [That the value Dr. Routh attaches to the drug is well borne out by practical observations, a glance at section 466 : 3 of the *Medical Digest* at once shows.—*Rep.*]

Richard Neale, M.D.

612. *Fronmüller on Pilocarpin and Homatropin.* Dr. Fronmüller states, in the *St. Petersb. Med. Wochensch.*, that after injecting 2 centigrammes of

hydrochlorate of pilocarpin under the skin of a syphilitic patient, severe symptoms of poisoning appeared within ten minutes. Perspiration and salivation were profuse, and the pulse rose to 120. All these symptoms disappeared within two minutes after the injection of 15 milligrammes of hydrobromate of homatropin, the pulse falling to 80. In two more cases the same antidotal effects were noticed. Dr. Fronmüller observes that it is very fortunate that we now know a ready and rapid remedy for the very alarming results that not rarely follow the employment of pilocarpin. ALBAN DORAN.

613. *Grünstein on a Case of Poisoning by Carbolic Acid.*—The author reports (*Proceedings of Tula Med. Soc.*, 1881-82) the case of an anæmic boy, aged 8, in whom, on the second day of the application of 4 per cent. phenol solution to a crural ulcer, there appeared headache, giddiness, anorexia, salivation, nausea, vomiting, diarrhœa (black fæces), green albuminous urine, sluggishness and contraction of the pupils, and, four days later, shallow and irregular respiration, small and rapid pulse, and clonic convulsions. Convulsive fits were repeated several times a day, lasting from six to thirty minutes, and, at times, being accompanied by loss of consciousness. After the cessation of the use of carbolic dressings, the patient quickly recovered. The chief interest of the case lies in the appearance of convulsions. [Papers on the subject of poisoning with carbolic acid as a surgical application may be found in the LONDON MEDICAL RECORD, April 1880, p. 146 (De Agostini); May, p. 173 (Mr. Litton Forbes); June, p. 228 (Paul); Oct., p. 713 (Gundrum); Oct. 1882, p. 405 (Von Nussbaum).—*Rep.*]

V. IDELSON, M.D.

614. *Tamassia on Spontaneous Atelectasis of the Lung.*—The author (*Riv. Sper. di Fren. e di Med. Leg.*, 1882), from an experimental inquiry, holds that Schröder's doctrine is devoid of foundation; and if we find by the hydrostatic test and by the other tests which complete it that the lung is absolutely without air, we may with confidence assert that the infant has never breathed.

WILLIAM R. HUGGARD, M.D.

REVIEWS.

ARTICLE 615.

Twenty-Five Years of Ophthalmic Practice. By Dr. A. MOOREN.

THIS is the record of more than a hundred thousand patients, and of more than twenty-eight hundred cataract operations. The author uses boracic or salicylic lotions for catarrh of the lacrymal sac, and only in severe cases slits up the canaliculus. Inveterate cases are best obliterated with Paquelin's cautery. Diphtheritic conjunctivitis is treated in early stages with fomentations, not with ice as was formerly the fashion. In later stages caustics are used with caution. He frequently inoculates for pannus, finding the subsequent blennorrhœa perfectly under the control of caustics. Poultices are freely used in episcleritis, and also in the early stage of iritis. In the latter disease they replace the local bleeding generally adopted. The author uses pilocarpin injections for serous iritis. It is a mistake to suppose that sympathetic inflammation is never transmitted in less than five weeks; a case is quoted where the time occupied was only twelve days. Sympathetic inflammation assumes various forms, and may attack any of the structures of the eye, but the uveal tract is the part of selection. Dr. Mooren has seen three cases of sympathetic neuritis break out after enucleation; two of these yielded completely to treatment. After sympathetic inflammation is once established, enucleation only does harm. The extraction operation he nearly always adopts is Von Graefe's. He has frequently hastened the maturation of senile cataracts by means of punctures, and this with great success. Horner's salicine bandage after extraction gives very good results. In ordinary cases of strabismus the operation is divided between the two eyes. He has found division of the external recti very useful in progressive myopia. The work concludes with an account of many cases of congenital defects of the eye. W. H. C.

ARTICLE 616.

Ueber die Wundbehandlung mit Naphtalin. By Dr. CARL BONNING. Strassburg: 1882.

THE author of this pamphlet advocates the use of naphthaline as an antiseptic agent in the dressing of wounds and ulcers, and gives the results obtained from a trial of this hydrocarbon during twelve months in the hospital practice of Professor Lücke. Naphthaline was first used as a substitute for other antiseptics by Fischer of Strassburg, and Anschütz of Königsberg, and has also been applied in certain cases of skin disease. Dr. Bonning states that in Lücke's practice this agent has been applied in the course of a year in 266 cases of injury, necrosis, and superficial ulceration, and in 16 cases of amputation; but his advocacy of this agent and his statements as to its excellent effects, seem to be much weakened by the fact that in many of the most favourable instances the use of naphthaline was combined with that of carbolic acid. Whether applied unmixed in the form of crystals, or in prepared wool, naphthaline, it is stated, never causes symptoms of general poisoning or local irritation, and thus might be tried in cases where the patient, from age or idiosyncrasy, is likely to be injuriously affected by carbolic acid, or where the raw surface is very extensive. From the reports of Bonning, and of others who have tried it, naphthaline seems to be quite as efficient in its antiseptic properties as iodoform, and at the same time is a far less dangerous application. W. JOHNSON SMITH.

ARTICLE 617.

Human Morphology; A Treatise on Practical and Applied Anatomy. By HENRY ALBERT REEVES, F.R.C.S.Ed.; formerly Demonstrator of Anatomy at the London and at the Middlesex Hospital Medical Colleges, Assistant Surgeon and Teacher of Practical Surgery at the London Hospital, &c. Vol. 1.—The Limbs and the Perinæum. With 564 illustrations. London: Smith, Elder, & Co. 1882.

THIS work, of which we have as yet but one-third, represents an ambitious attempt to bring the entire anatomy of man, as seen without the aid of the microscope, into three volumes. All the familiar manuals of dissection, systematic text-books of anatomy, condensed and tabulated productions for the benefit of students preparing for examination, and purely scientific works written by comparative anatomists, appear to have been rolled into one by

the literary and scientific labours of the author. It is not fair to blame a work on human anatomy on the score of lack of originality. The essential part of such a production ought not to be original. A new work on human anatomy should chiefly indicate clearer methods of studying broad facts. Mr. Reeves has not attempted any new scheme for the study of the anatomy of man, but has combined older systems. The chief positive virtue of his work lies in a valuable chapter bearing the somewhat Transatlantic title of 'Anatomical Technics.' This section of the work deals very fully with the methods of injecting the body, dissecting-room appliances, the art of dissection and the permanent preservation of anatomical preparations, whether entire, or in sections, after the plan introduced into the College of Surgeons by Dr. Garson. The principal negative advantage in Mr. Reeves' *Morphology* is the elimination of microscopic anatomy, which would be out of place in a work of this kind, now that histology is a science of itself, requiring the aid of the special arts of staining and cutting sections.

The morphology begins with a sketch of the history of anatomy, resembling a similar section in Hyrtl's *Lehrbuch*. The next chapter is devoted to questions of proportion, measurement, and the relation of internal parts to the surface of the human body. Passing over the admirable section on 'Technics,' already noticed, we come to the beginning of the main part of the work. Mr. Reeves dwells much upon surface-markings and minute descriptions of muscular attachments, after Ellis; he also supplies his readers with numerous schematic relations of arteries, precisely on Gray's principle, the name of the vessel being written within a circle and the names of the surrounding parts placed around it. The entire work swarms with illustrations and diagrams—some very old friends indeed, others quite original. Many of the illustrations appear more than once in Mr. Reeves's pages. Thus figs. 42, 44, 92, and 101 are identical; they represent the branches of the right axillary and brachial arteries, and their repetition is probably designed to save students the trouble of turning over pages. We may single out the author's method of teaching the dissection of the hand as particularly worthy of commendation. The diagrams showing the attachments of the extensor and flexor tendons and the vincula are very useful. Mr. Reeves also endeavours to guide the student through the intricacies of the inguinal canal, femoral canal, and the perinæum, by copious illustrations. A diagram like 246, illustrating the relations of the parts adjacent to the outer half of Poupart's ligament, is not sufficiently clear, nor large enough to be useful; 262, illustrating the femoral canal, is far better in most respects. We cannot help expressing disappointment at the 'glossarial index,' which is not glossarial at all, but merely an ordinary index of names. Possibly Dr. Garson, who in the preface is credited with the preparation of an index bearing the above denomination, has prepared a true glossary which—having been delayed—is reserved for the end of the third volume, a common index having replaced it at the last moment in the first section. For this, use might be made of Hyrtl's valuable *Onomatologia Anatomica, Geschichte und Kritik der Anatomischen Sprache der Gegenwart*, which, we are glad to find, has not been overlooked by Mr. Reeves in his preface.

The chief defects in this work are—its bulk, which makes it inconvenient for dissecting-room purposes; its minuteness of detail, which places it above the wants of the student even when 'ambitious to obtain the higher degrees;' and the small share of consideration devoted to osteology. As a work of reference Mr. Reeves's *Human Morphology* is of the highest value—not only acceptable 'to the physician, practitioner, and operating surgeon,' but particularly valuable to demonstrators and lecturers on anatomy and to the curators of anatomical museums. Mr. Reeves's labour in the production of this treatise must have been very heavy, but even if the chapter on 'Technics' had alone been published, his work will not have been in vain. Alban Doran.

NOTES ON BOOKS.

Article 618.

The Causation of Sleep. By James Cappie, M.D. Second Edition, rewritten. Pp. 207. Edinburgh, 1882.—In this little book an attempt is made to show that during sleep the arterial and capillary vessels of the brain contain less blood, while to an exactly corresponding extent the veins of the pia mater contain more. The first step in the series of changes which culminates in the production of sleep, is lessened activity of the cerebral molecules; the next a change in the capillary circulation, the capillaries being drained to an extent with which activity of function is incompatible; and the last, extension of the veins and compression of the brain by the same, in producing which the weight of the atmosphere is an essential agent. With the altered balance of the circulation there is a change in the balance of active pressure; it is less from within, and more on the surface; and with a certain amount of compression consciousness is suspended. For the correctness of his conclusions the author relies, not on any experiments he has performed, but on the appositeness of the analogies adduced, and the coherence of his argument; and his reasoning shows a philosophical and well-trained mind. In an appendix the views of other authors, more especially of Durham and Moore, are criticised; and the frontispiece shows a chromo-lithograph of the circulation of the retina in the normal waking state, and in a comatose condition, illustrating the author's propositions. In the comatose state the disc is shown paler, the arteries smaller, and the veins more tortuous and fully distended.

Julius Althaus, M.D.

Le Petit Formulaire à l'usage des Médecins Practiciens. By Dr. Coutisson, Ex-interne de l'Hôpital de Versailles. Paris: Librairie Savy. 1882.—In publishing this formulary, the author disclaims any intention of endeavouring to compete with the works of Jeannel, Bouchardat, Bouchut, and Gallois. It is simply a collection of prescriptions which have appeared in the medical journals from 1878 until the present time. The diseases are arranged in alphabetical order and there are two copious indices, one of subjects and the other of authors. The work has been fairly well done, and its pages might perhaps afford a useful hint in the treatment of an obstinate case. In future editions a little more care might be taken to insure the correct spelling of proper names. It is probably not a matter of any great importance how an author's name is written, but such variations as "Murrel," "Muril," and "Musel" might in time lead to confusion.

Dictionnaire Annuel des Progrès des Sciences et

Institutions Médicales, Suite et Complément de tous les Dictionnaires. Par M. P. Garnier. Paris: Germer Baillière et Cie. 1883.—This useful work was commenced in 1865, and has appeared annually without intermission for eighteen years. The present volume gives an admirable *résumé* of the chief medical works published in this country and on the Continent during the past twelve months. The introductory chapters are of considerable interest, and are well worth reading. In the body of the work, the subjects are arranged in alphabetical order. The references are numerous, and, as a rule, most accurate. The notes on therapeutics are excellent, and are eminently adapted to the requirements of busy practitioners. WILLIAM MURRELL, M.D.

MISCELLANY.

SUDDEN CHANGES IN THE COLOUR OF THE HAIR AND SKIN.—At a recent meeting of the Academy of Medicine of Dublin, Dr. W. J. Smyly read a paper on sudden change in the colour of the hair of an infant. The child was perfectly healthy to all appearance until he was four months old. He was then attacked with acute inflammation, followed by suppuration in the left temporal bone, with high fever and profuse perspiration, and paralysis of the left side of the face. One morning (Nov. 1 last) the hair on the right side of the head was discovered to have undergone a remarkable change from its original mouse-coloured hue to a reddish-yellow. The right eyebrow was similarly affected, and the skin of these parts—as well as that of the right hand—was bright yellow. The pillow also was saturated with a reddish-yellow perspiration. The suggestion offered as to the possible cause of this remarkable change in the colour of the hair was that the perspiration, which was of a peculiar colour and probably of abnormal chemical constitution, not only destroyed the original pigment, but also dyed the hair a reddish-yellow colour. Dr. Banks referred to a case which had come under his notice—that of a young woman. Half of the lashes of one of her eyes became snow-white, which she attributed to the annoyance suffered from the persistent gaze of a 'wall-eyed' admirer who had white lashes on the defective eye. Dr. Walter Smith related the case of a boy in whom the skin of the lobes of both ears and that of the back of the neck was of a sulphur-yellow, the downy hair being of a bright yellow. The hair of the head was brown. The yellow colouring could be readily removed by a moistened cloth, but no washing could decolorise the skin; nor did ether or chloroform produce any effect. He exhibited specimens of the hair. He also referred to a case of red discoloration recorded by Wilson. After relating the case described by Darwin, in which the hair of a criminal, brought out for execution, turned white in the presence of the spectators, he said he could not agree with Dr. Smyly in ascribing bleaching properties to the perspiration, but did not give any explanation in lieu of it.

THE TRUTH ABOUT OYSTERS.—'Some delusions regarding the oyster' is the title of a paper by Dr. C. L. Dana, of New York, in the *Philadelphia Medical and Surgical Reporter*. The doctor is a lover of truth but not of oysters, or he would never have laid bare what he is pleased to term fallacies attached to our ideas of the delicious bivalve. It is a common belief, very consoling to those of feeble digestions, that the oyster, when taken into the stomach, executes, by virtue of hepatic diastase, a kind of *felo de se*, and digests itself. The doctor has tried the experiment, and put oysters, whole and masticated, into water, plain, alkaline, and acidulated, and finds the result *nil*, except in the case of the acidulated water, when prolonged digestion caused a softening of the liver of the bivalve. Fallacy number two—that raw oysters are always more digestible than when cooked—is not borne out by artificial digestion with pepsine. The oyster stew, being composite in character, is, however, not quite as readily managed by the stomach as raw oysters or those roasted in the shell. Delusion number three—that fermented liquors digest or assist the digestion of the bivalve was not borne out by fact, nor was the oft cited experiment, that an oyster dropped into a glass of beer will dissolve, found to be correct. As a general conclusion we must reluctantly concede that the oyster is a mockery, but, like some other delusions sometimes associated with it, it will still be indulged in by ordinary mortals, who can afford it.

LADY DOCTORS IN AMERICA.—The *Philadelphia Medical Times* announces that Dr. Clara M. Ellsbury, of Cincinnati, and Dr. Juliet M. Thorpe, of Covington, Kentucky, have this winter opened a dispensary for the treatment of the diseases of women and children. It is modelled somewhat after the outdoor department of the New England Hospital, where Dr. Ellsbury received her preliminary practical training. These young ladies are both graduates of regular medical colleges, the one from Ann Arbor, Michigan, and the other from the Woman's Medical, of Philadelphia, and are both members of the Academy of Medicine. They are energetic workers in their chosen profession, and are achieving well-deserved success. The Academy of Medicine has now three female members, the third being Dr. Julia Carpenter, who was the first lady member. The *New York Medical Record* writes: Dr. Jennie McCowan was elected President of the Scott County Medical Society, Iowa, on Feb. 15. This is, we believe, the first instance on record in which a woman has been elected to preside over a body of medical men.

LUNATICS IN A PRIZE COMPETITION.—The results of the Italian prize competition for a monument to Victor Emanuel last year were not a little surprising. Out of the 296 designs that were sent in, the judges found that only about two dozen were of sufficient merit to be admitted to the narrower competition, all the rest being rejected at the first inspection as unsuitable. Recently an Italian physician, Dr. Dossi, who is well known for his labours in the psychiatric field, has published in the *Archives de Psychiatria* a statement which has caused considerable astonishment in and out of the Italian kingdom. He announces that of the 296 designs sent in no fewer than 39 were the production of notorious lunatics. It would be interesting to learn whether any of these 39 were includedby the judges in the 20 designs admitted to the narrower competition, but on this point the doctor leaves us in ignorance.

POISONOUS PROPERTIES OF EDIBLE FUNGI.—It is well known that among the higher fungi there are some which, even when cooked, are dangerously poisonous, while others may be eaten without harm. That the latter, however, contain a poisonous principle seems to be proved by experiments recently made by M. Dupetit. He injected under the skin of some animals fresh juice from the edible fungus *Boletus edulis*, in a dose of 2 cubic centimètres to 100 grammes weight of the animal. This was followed by symptoms of poisoning and by death, the latter in three to six hours in the case of the rabbit, and a longer time in those of the guinea-pig and rat. Similar effects were had from other fungi, supposed non-poisonous, *e.g. Amanita cæsarea*, *Amanita vaginata*, *Amanita rubescens*, and *Agaricus campestris*. The juice of the cultivated agaric seemed less active. It is a curious fact that *Amanita rubescens* alone, among the species of fungus experimented with, proved poisonous to frogs when the juice was injected. The juices of those fungi may be introduced in large doses, and, in the fresh state, into the alimentary canal of guinea-pigs with impunity. Moreover, *Amanita rubescens*, considered always poisonous in the raw state, produced no apparent injury to dogs which swallowed it raw. The chemical properties of the active principle recall those of soluble ferments, and not those of known alkaloids. Submitted to a temperature of 100° C. the juice always becomes quite innocuous. Thus there is no risk attaching to edible fungi when cooked.

RIMMEL'S AROMATIC OZONIZER.

A fragrant Powder emitting the refreshing and healthy emanations of the Pine and Eucalyptus. **The best and only agreeable Disinfectant for the Sick Room.** Price 1*s.* per Tin, by post for 15 stamps. N.B.—A trial tin sent gratis to Hospitals and Charitable Institutions, or to any Medical Man forwarding his card.

Rimmel's Aromatic Pocket Cassolette, to preserve from Infection. 6*d.*, by post for 7 stamps.
Sold by all Chemists and Druggists.

RIMMEL, Perfumer to H.R.H. the Princess of Wales. **96 Strand; 128 Regent Street; and 24 Cornhill, LONDON.**

A TRIUMPH OF PHARMACY.
COD-LIVER OIL RENDERED AGREEABLE AND DOUBLY EFFICACIOUS BY

MACKENZIE'S COMPOUND COD-LIVER OIL EMULSION

Composed of Select Cod-Liver Oil, Pepsine, and Hypophosphite of Lime, as published.

It can be taken with pleasure by Invalids and Children, and has received the HIGHEST APPROVAL and *recommendation of Leading Members of the Medical Profession*, after an extensive trial in Private Practice and in the large Medical Hospitals, as a remedy for Consumption, Wasting Diseases, Bronchitis, and Affections of the Chest generally, and also for imparting muscular strength, with a healthy appearance, the great objection to the use of Cod-liver Oil in such cases being entirely overcome. In Bottles at 2*s.*, 3*s.* 6*d.*, and 6*s.* each. To be had of all Chemists. Prepared by

MACKENZIE & CO., Operative Chemists, 45 Forrest Road, Edinburgh,
who originally introduced this preparation.

THE ALUPIKOS BOOT

Is constructed on strictly anatomical principles, being straight on the inner side, thus allowing the great toe to retain its normal position, parallel to the axis of the foot, as shown in Fig. 1, *a*, which represents the sole of a naturally formed foot, and *b*, the sole of the ALUPIKOS Boot.

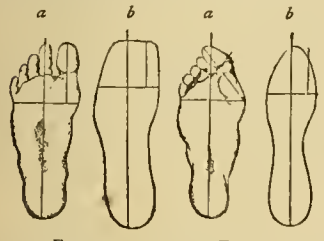


Fig. 1. Fig. 2.

PARKER & Co. continue to supply all the fashionable shapes, but those who really suffer with their feet will find the ALUPIKOS Boot all that can be desired.

The Sketches a, a, from Professor Flower's 'Fashion in Deformity'.

THE Alupikos BOOT. (REGISTERED TRADE MARK)

ALUPIKOS BOOTS

Are to be obtained only at

PARKER'S BOOT & SHOE MANUFACTORY,
145 (late 373) OXFORD STREET, LONDON.
Their Only Address. Established in 1840.

PROFESSOR W. H. FLOWER, LL.D., F.R.S., P.Z.S., &c., in his lecture on 'Fashion in Deformity,' delivered at the Royal Institution of Great Britain, on May 7th, 1880, remarks—'The great error in all boots and shoes made upon the system now in vogue in all parts of the civilized world lies in their being constructed upon a principle of bilateral symmetry. A straight line drawn along the sole from the middle of the toe to the heel will divide a fashionable boot into two equal and similar parts, a small allowance being made at the middle part or 'waist' for the difference between right and left foot. Whether the toe is made broad or narrow, it is always equally inclined at the sides towards the middle line, whereas in the foot there is no such symmetry.

SYR. HYPOPHOS. CO., FELLOWS.

CONTAINS **THE ESSENTIAL ELEMENTS** to the Animal Organisation—Potash and Lime;
THE **OXIDISING AGENTS**—Iron and Manganese;
THE **TONICS**—Quinine and Strychnine;
AND THE **VITALISING CONSTITUENT**—Phosphorus,
Combined in the form of Syrup, with SLIGHT ALKALINE REACTION.

IT DIFFERS IN EFFECT FROM ALL OTHERS, BEING HIGHLY SUSCEPTIBLE TO OXIDATION UNDER RESPIRATION, pleasant to taste, acceptable to the stomach, and harmless under prolonged use.

IT HAS SUSTAINED A HIGH REPUTATION, particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs. IS EMPLOYED ALSO IN VARIOUS NERVOUS AND DEBILITATING DISEASES WITH SUCCESS.

ITS CURATIVE PROPERTIES are largely attributable to Stimulant, Tonic, and Nutritive qualities, whereby the various organic functions are recruited.

ITS ACTION IS PROMPT, stimulating the appetite and the digestion; it promotes assimilation, and enters directly into the circulation with the food products.

The prescribed dose produces a feeling of buoyancy, and removes depression or melancholy; hence it IS OF GREAT VALUE IN THE TREATMENT OF MENTAL AND NERVOUS AFFECTIONS. From its exerting a double tonic effect, and influencing a healthy flow of the secretions, its use is indicated in a wide range of diseases.

NOTICE.—CAUTION.—The success of Fellows' Hypophosphites has prompted unprincipled men to utter substitutes, and a case is reported where the use of an imitation imperilled the life of a patient.

Price (Great Britain), 7s. large, 4s. small.

Mr. FELLOWS has no connection, DIRECTLY OR INDIRECTLY, with any other Preparation.

Prepared by JAMES I. FELLOWS, Chemist, London; Montreal; New York.
Sole Wholesale Agents—BURROUGHS, WELLCOME, & CO.

CLINIQUE ON DISEASES OF THE SKIN.

Professor McCALL ANDERSON'S

CLINIQUE ON DISEASES OF THE SKIN,

AT THE

DISPENSARY FOR SKIN DISEASES,

8 Elmbank Street, Glasgow,

WILL COMMENCE ON

Monday, May 7th,

and be continued during the Summer Session,

every MONDAY and WEDNESDAY,

At HALF-PAST TWO p.m.

Students Enrolled at the Dispensary.

FEE, ONE GUINEA.

The Directors offer the Sum of £5, to be expended in a Prize or Prizes, to the most deserving Students.

H. K. LEWIS'S PUBLICATIONS.

Now ready, Second Edition, medium 64mo., 1s. 6d.

What to do in Cases of Poisoning. By WILLIAM MURRELL, M.D., Lecturer on Materia Medica and Therapeutics at the Westminster Hospital; Senior Assistant-Physician, Royal Hospital for Diseases of the Chest.

By the same Author. Just published, crown 8vo., 3s. 6d.,

Nitro-Glycerine as a Remedy for Angina PECTORIS.

Nearly ready, Second Edition, Rewritten and Enlarged, with additional Illustrations, fcap. 8vo.,

Ringworm: its Diagnosis and Treatment. By ALDER SMITH, M.B.Lond., F.R.C.S., Resident Medical Officer, Christ's Hospital, London.

Now ready, with numerous Illustrations, 8vo., 18s.,

The Science and Art of Midwifery. By WILLIAM THOMPSON LUSK, A.M., M.D., Professor of Obstetrics and Diseases of Women, in the Bellevue Hospital, Medical College, &c.

Square 12mo., Roxburgh binding, 9s.,

German-English Dictionary of Words and TERMS used in MEDICINE and its COGNATE SCIENCES. By FANCOURT BARNES, M.D., M.R.C.P., Physician to the British Lying-in Hospital, &c.

'All readers of modern German literature will find it a very useful book.'—*Practitioner.*

Now ready, Seventh Edition, royal 8vo., 25s.

Diseases of the Nervous System. By WILLIAM A. HAMMOND, M.D., Professor of Mental Diseases in the University of the City of New York.

Catalogue of H. K. LEWIS'S Publications post free.

LONDON:

H. K. LEWIS, 136 GOWER ST., W.C.

WALL PAPERS FREE FROM ARSENIC.

WILLIAM WOOLLAMS & CO., Manufacturing Paper Stainers,

Have for many Years supplied Block Printed

ARTISTIC WALL PAPERS, Guaranteed Free from Arsenic.

Manufactory—110 HIGH STREET, MANCHESTER SQUARE, LONDON, W.

May be obtained of all Decorators. Samples for testing free to all Medical Men. Special Prize Medal, Sanitary Institute.

Award of Merit, International Medical and Sanitary Congress.

Royal 4to., bound in half leather, price 25s.

THE DESCRIPTIVE ATLAS OF ANATOMY:

A REPRESENTATION OF THE ANATOMY OF THE HUMAN BODY.

In 92 Royal 4to. Plates, containing 550 Illustrations. Introducing HEITZMANN'S Figures considerably modified, and with many Original Drawings from Nature.

By E. NOBLE SMITH, F.R.C.S. Edin.

'Certainly one of the most remarkable publications of the day. The great advantage which it presents is that all the attachments of bones, the arteries, veins, &c., are copiously lettered and described *in situ*; and the arteries and veins are coloured. The book is one of great utility and merit, and reflects credit on the artist, and also on those who have produced it.'—*British Medical Journal.*

'The plan of this work is most excellent, and to one who is unable to keep his anatomical knowledge always ready at demand, but who requires occasionally to refer to particular points, it will prove an invaluable aid. Instead of a letter-press description, with letters or figures to aid in identifying the various processes of bone, or muscles, or blood-vessels, these structures are labelled *in situ*.'—*Glasgow Medical Journal.*

London: SMITH, ELDER, & CO., 15 Waterloo Place.

Crown 8vo. (87 pages), price One Shilling.

THE TRUTH ABOUT VACCINATION.

An Examination and Refutation of the Assertions of the Anti-Vaccinators.

By ERNEST HART,

Chairman of the Parliamentary Bills Committee of the British Medical Association, and Chairman of the Council of the National Health Society.

EXTRACT FROM AUTHOR'S PREFACE.

'It seems needful to explain in a few words the circumstances under which this pamphlet comes to be published. I have, for several years past, been frequently appealed to, by all sorts of people, on all sorts of occasions, for a statement of the facts which would enable them to answer the strong assertions of a certain class of agitators who describe themselves as anti-vaccinators. These gentlemen are so very persistent in their agitation, and so elaborately wrong in their statistics and arguments, that it has really become a matter of no small difficulty for a technically uninstructed person to examine their figures or test their allegations.

'On the occasion of two of the most recent Parliamentary elections, I was hurriedly applied to by candidates for references to the sources from which to answer their anti-vaccinating persecutors. Members of Parliament and magistrates are, indeed, often at their wits' ends to know where to find the true facts which these gentlemen delight to misrepresent.

'I have, of course, been able to refer inquirers to the standard works on the subject, and to the Registrar-General's statistics: but a need evidently exists for some concise statement of the merits of vaccination, which will obviate the necessity of individual research into the evidence in its favour. As a matter of fact, I have not been able to refer my inquirers to any such statement, and it seemed to me, therefore, that there would be great advantage in the truth about vaccination being placed before the public in a handy and readily accessible form, so as to supply the materials for an answer to the numerous objections of the anti-vaccinators. Under these circumstances I consented, at the request of the National Health Society, to deliver a public lecture on the subject. This lecture was given at the Hall of the Society of Arts, on Jan. 27 last, and is now, in compliance with very numerous requests, printed (with considerable additions) in the present pamphlet.'

SYNOPSIS.

CHAPTER I.

SMALL-POX UNCONTROLLED BY VACCINATION.

Introduction.—Anti-vaccination tactics—Perversions and inaccuracies of anti-vaccination tracts—Small-pox in its natural state, uncontrolled by vaccination—Amongst remote communities—Among the Indians—In civilised Europe—In England—In royal and noble families—After effects of non-fatal attacks of small-pox—Macaulay's description of ravages of small-pox in seventeenth century—Introduction of inoculation and of vaccination—What vaccination is: Jenner's opinion—Power of vaccination in influencing small-pox—Modifying power of vaccination—Statistical evidence of the different degrees in which persons vaccinated in different ways will be safe against death by small-pox.

CHAPTER II.

OBJECTIONS TO VACCINATION.

The anti-vaccination creed—Reckless and absurd nature of objections—Alleged introduction of diseased matter by vaccination—Allegation that vaccination is small-poxing—M. Chauveau's experiments—their fallacy explained—Mr. Ceely's and Mr. Badcock's successes in the variolation of kine—Use of variola-vaccine lymph never followed by infection of small-pox—Inaccuracy of statement that vaccination is mainly derived from small-pox inoculation of calves—Real source of chief part of lymph in present use—Absurdity of allegation that vaccination breaks the law forbidding inoculation.

CHAPTER III.

ALLEGED MISCHIEF FROM VACCINATION, AND INCREASED MORTALITY FROM CERTAIN DISEASES.

Allegation that vaccination propagates enthetic and constitutional diseases—Source of fallacy with regard to this question—Vaccination gives immunity from small-pox only—Explanation of Mr. Hopwood's Parliamentary Return of 1877—Comparison of present with past diseases very liable to fallacy—Hypothesis that vaccination renders persons more liable to other diseases than small-pox contrary to the whole current of medical experience—Allegation that cutaneous diseases and glandular swellings are introduced by vaccination—Erysipelas after vaccination—Syphilis after vaccination—Allegations of invaccination of syphilis may easily be made in cases where there is not even a pretext for them—Practical and common-sense view of question—Experience of Medical Department of the State as to alleged injury from vaccination—Danger, if there be any at all, of communicating through vaccine lymph any other affection than its own, practically non-existent—Medical concurrence in belief of non-communicability of disease by vaccination—Opinion of Select Committee of House of Commons on the question—Animal vaccination—Its advantages.

CHAPTER IV.

SMALL-POX CONTROLLED BY VACCINATION.

Allegations that vaccination intensifies small-pox, and that it does not diminish the small-pox death-rate—London experience—Average fatality from small-pox in Metropolis forty times greater in seventeenth and eighteenth centuries than now—Results of more general practice of vaccination—Diminution of small-pox mortality—Change in proportional fatality of small-pox at different ages, due to vaccination of young children—Increasing protection of young children from fatal small-pox—Experience of Metropolitan Asylums Hospitals in recent epidemic—Small influence of sanitary measures on small-pox.

CHAPTER V.

VACCINATION AS A PROTECTIVE AGAINST SMALL-POX.

Complete inaccuracy of allegation that vaccination has no power of preventing small-pox—Incomplete protection after puberty afforded by much of past vaccination—Importance of re-vaccination—Effect of vaccination upon susceptibility to small-pox in the individual—Experience of last epidemic—Beneficial effects of vaccination most marked in mortality from small-pox—Varying protection afforded by different qualities of vaccination—Mr. Marson's evidence given before the House of Commons—Experience of Metropolitan Asylums Hospitals—Distribution of small-pox mortality amongst the unvaccinated and persons vaccinated with various degrees of completeness—Vaccination marks of patients at Homerton and Hampstead Small-pox Hospitals—Conclusion as to relative mortality amongst vaccinated and unvaccinated—Results of examination of vaccination marks of recruits—Mr. Marson on degrees of severity in small-pox after vaccination.

CHAPTER VI.

RE-VACCINATION.

Desirability of re-vaccination—Age at which it should be performed—Absolute protection afforded by re-vaccination to nurses of Small-pox Hospitals—Also to nurses and attendants of Metropolitan Asylums Hospitals—Protective influence of re-vaccination amongst soldiers and sailors—Marked decrease of small-pox mortality amongst these protected services—Concluding suggestions.

SUMMARY OF CONCLUSIONS.

APPENDICES.

A.—Official instructions for vaccinators under contract.
B.—Letter of the Local Government Board on the subject of repeated vaccination prosecutions.
C.—Table I.—Small-pox mortality in England and Wales.
D.—Table II.—Annual mortality from small-pox in England and Wales, with the proportion of deaths to population and to total mortality, from 1838 to 1877 inclusive.
E.—Table III.—Small-pox mortality in England and Wales at various groups of ages in each of the thirty-two years, 1847-78.
F.—Table IV.—Cases and deaths from small-pox amongst the British troops serving in the United Kingdom for 18 years (1859-76).
G.—Table V.—Cases and deaths from small-pox in the British Navy employed on the home force for 20 years (1859-78).

Copies of the Pamphlet (Price One Shilling) may be obtained of all Booksellers, or will be sent post free by the Publishers on receipt of Stamps or Post Office Order.

LONDON: SMITH, ELDER, & CO., 15 WATERLOO PLACE, S.W.

AN EXHIBITION

WILL BE HELD AT

HUMPHREYS' HALL, KNIGHTSBRIDGE,

FROM

JUNE 2nd to JUNE 16th,

UNDER THE AUSPICES OF THE

NATIONAL HEALTH SOCIETY,

44 BERNERS ST., OXFORD ST., W.

The Exhibition will be divided into seven Classes, and will contain a variety of Ladies' Hygienic Clothing, comprising examples of the Divided Skirt, Hygienic Corsets, Normal Boots and Shoes, Sanitary Suspenders and Braces for Stockings and Petticoats, Waterproof Clothing, and Greek and other Æsthetic Costumes adapted for modern wear.

Food Products, Prepared Meats, and Invalids' and Children's Food. Mineral Waters, Temperance Drinks, and Specialities in Wines, Beers, &c.

The Sanitation of the House will be represented by Hygienic Decorations, Paints, Wallpapers, &c. (non-poisonous), Parquet, Tile, and other Floorings and Wainscotings, Water and other Closets, Deodorizers, Disinfectants, Water Filters, improved Dustbins, &c.

Appliances for the Sick Room, Home Nursing, and Home Educational Appliances for the Young.

Domestic Medical and Surgical Appliances, Medicine Chests, &c.

Industrial Dwelling and Cottage Hygiene, and Publications dealing with House Sanitation in every Language.

Heating, Lighting, and Cooking by Oil, Gas, and Electricity, &c., &c.

SILVER AND BRONZE MEDALS WILL BE AWARDED IN EACH CLASS,

AND THE

GOLD MEDAL OF THE SOCIETY

Will be given to any Exhibit which, in the opinion of the Jurors, may merit such an award.

The London Sanitary Protection Association offer a Prize of £10 for a Model showing the best and simplest Sanitary Arrangements for a ten or twelve-roomed House.

Hugh Leonard, Esq., Vice-President London Sanitary Protection Association, offers a Prize of £5 for a Model of a Flat or Cottage for the Working Classes, showing the simplest economical arrangements for Water Closet, Sink, Washing-place, and Dust Collector.

The Rational Dress Society offer a Prize of £5 for the best ready-made Boots and Shoes on Hygienic principles, for Girls and Women, for indoor and outdoor wear, at prices usually paid by the Working Classes for such goods.

All applications for space to be made to

MR. E. J. POWELL,

MANAGER OF THE EXHIBITION,

44 BERNERS STREET, W.,

From whom further particulars may be obtained.

Apollinaris

'THE QUEEN OF TABLE WATERS.'

BRITISH MEDICAL JOURNAL.

ANNUAL SALE, TEN MILLIONS.

'*Apollinaris Water, by its absolute purity, affords complete guarantee against the dangers of zymotic disease incidental to ordinary drinking-water. Its sparkling and refreshing character renders quite unnecessary the introduction of ice into it. There is, of course, no objection to icing Apollinaris, as champagne is iced, by the application of cold to the glass or bottle containing it until its temperature is brought down in hot weather to a pleasant coolness. So treated, it is a beverage as refreshing and agreeable as it is pure and wholesome.*

'Earl Spencer, K.G., *the President of the International Medical Exhibition, at the great Medical Congress in London, referred to Apollinaris in his opening address as a typical beverage approved by the Faculty. This approval is ratified by the unerring tastes of the cultivated populations of the world. The desiderata of original purity laid down by the* Right Hon. Lyon Playfair *as the indispensable conditions for water, which can never be freed from sewage pollutions when once they have been allowed to pass into it, are amply fulfilled by Apollinaris.*'

SANITARY RECORD, March 1882.

SOLE IMPORTERS:—

THE APOLLINARIS COMPANY, LIMITED,

19 REGENT STREET, LONDON, S.W.

Hunyadi János

"THE RICHEST NATURAL APERIENT WATER."
Baron Liebig in "Lancet."

"Certain and Painless, Soft and Mild."
Prof. Von GARTNER, STUTTGART.

"OF GREAT USE IN HABITUAL CONSTIPATION."
Medical Times & Gazette.

USES AND RECOMMENDATIONS.

Hunyadi János — As a Laxative and against Obstinate Constipation
"Has remarkable success in all diseases for which aperient waters are used."
Professor BAMBERGER, *University of Vienna.*

Hunyadi János — Against Hæmorrhoids and Portal and Hepatic Congestions.
"Prompt, certain, and without inconvenience."
Prof. VON BUHL, *Munich.*

Hunyadi János — In Bilious Attacks and Sick Headaches.
"Favours the secretion and excretion of bile, and removes congestive and inflammatory conditions of the liver."
Prof. ALOIS MARTIN, *University of Munich.*

Hunyadi János — For Relieving Obesity, Gouty Attacks, and Internal Congestion.
"I have used the HUNYADI JÁNOS WATER in many cases of the rheumatic and gouty diathesis with very marked benefit. In cases accompanied with great obesity I prefer it to any other laxative."
Prof. Lewis A. Sayre, M.D., *Bellevue Hospital, New York.*

Hunyadi János — During Pregnancy; for Nursery Use; and in many Female Disorders.
"I prefer this to any and every other."
Dr. J. Marion Sims, *New York, President of the Gynæcological Society of America; Honorary Fellow of the Obstetrical Societies of London and Dublin.*

Hunyadi János — Against Evil Consequences of Indiscretion in Diet.
"Has invariably good and prompt success; a most valuable item in the balneological treasury." Professor Virchow, *Berlin.*

Hunyadi János — "In the Uric Acid Diathesis and prevention of Urinary Calculi in treatment, *HUNYADI JÁNOS acts in a much more energetic manner than Friedrichshall, Carlsbad, or Marienbad; can be given in much smaller doses, and has the advantage of being less unpleasant to the taste. Sir Henry Thompson has pointed out the fact that the artificial waters made in imitation of the natural mineral waters do not seem to have the same beneficial effect."*
"New York Medical Journal," *August* 1880, Dr. F. Weir, *in Lecture delivered to the College of Physicians and Surgeons, New York.*

THE NAME OF THE *APOLLINARIS COMPANY, LIMITED,* ON EVERY LABEL SECURES GENUINENESS.

Of all Chemists, 1s. 6d. and 2s. per bottle. Ordinary Dose, a Wineglassful.

It is most efficacious when taken in the morning fasting, warmed to a temperature not below 60°, or when an equal quantity of hot water is added to it.

Printed by Spottiswoode & Co., New-street Square, London; and Published by Smith, Elder, & Co., 15 Waterloo Place.